



2014-15



Annual Report

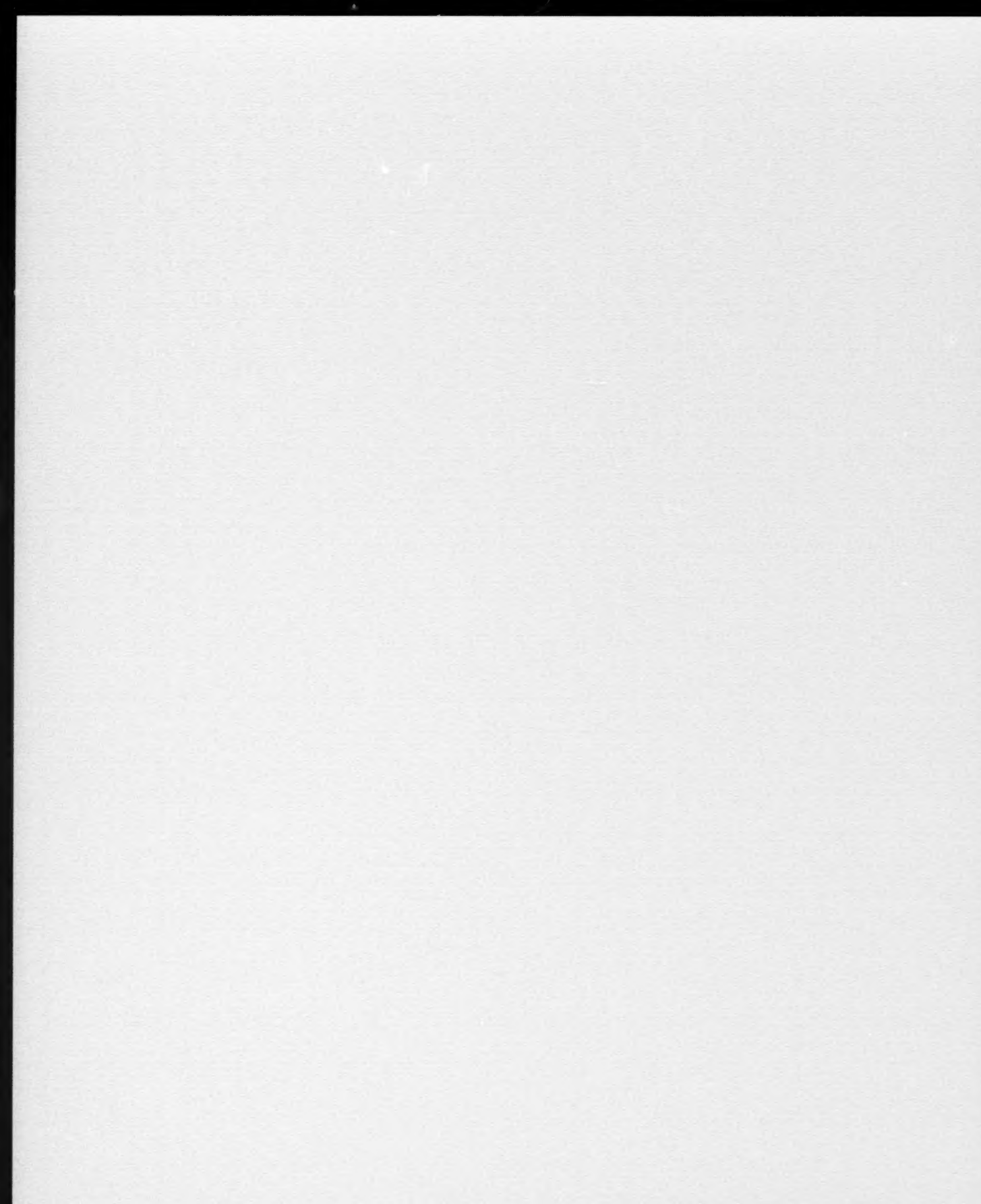
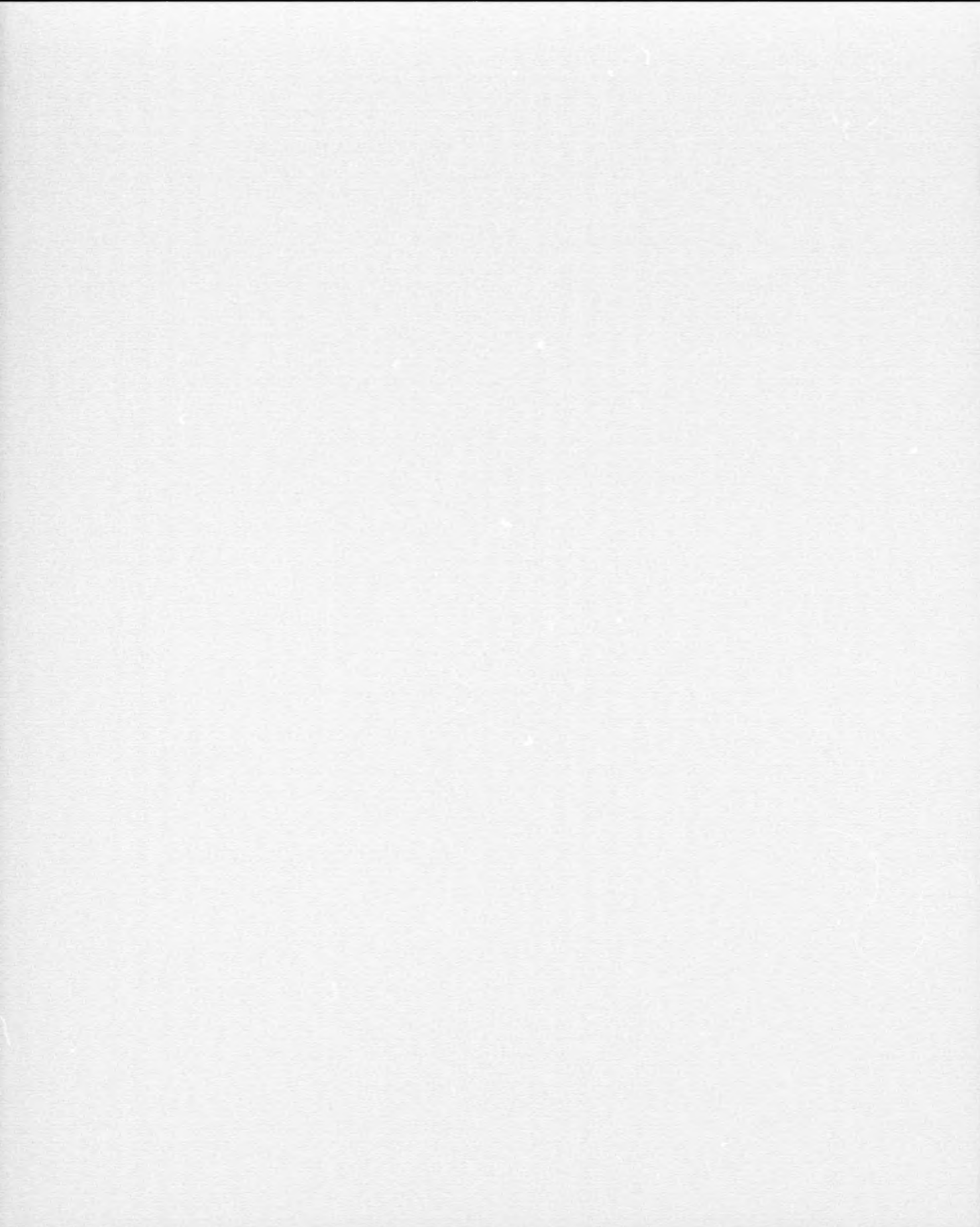


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The Honourable Dustin Duncan
Minister of Health
Province of Saskatchewan
Legislative Building
Regina, Saskatchewan
S4S 0B2

Dear Minister Duncan:

I have the honour of submitting the Saskatchewan Cancer Agency's annual report including the audited financial statements for the fiscal year ending March 31, 2015.

We have an 85-year history as an organization providing cancer care in this province, but I believe that we are writing our most critical chapter now. Over the last year we have been transforming to meet the needs of our patients, clients, families and communities within Saskatchewan. It involved adapting and finding ways to bring care closer to home for patients. It meant forming strong partnerships to draw attention to cancer prevention. It includes providing new and improved treatments and programs in our cancer centres. It meant being patient and family centred and continuously looking at how we can improve.

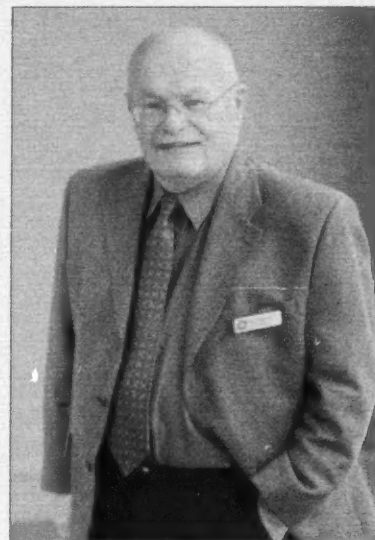
As the Cancer Agency continues to transform, we are acutely aware of our responsibility to northern communities, First Nations and Métis peoples and youth. As such, we are not just delivering programs to these groups, but rather engaging them in the discussion about what care and prevention looks like.

As a board we are looking to the future and trust that the Saskatchewan Cancer Agency is well on its way to meeting the needs of people in this province. This annual report will highlight our work in cancer control and will honour the accountability and transparency we value when it comes to our fiscal responsibility.

Respectfully,



Ron Waschuk, Board Chair
Saskatchewan Cancer Agency



Message from the President and Chief Executive

FROM MISSION TO ACTION

Over the past year, the Saskatchewan Cancer Agency has focused on how we take our mission in cancer control and create action that will make a difference in the health of people in this province.

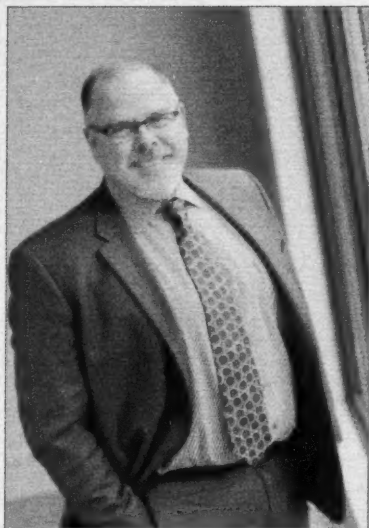
Our staff continuously rise to the challenge of providing better health, better care, better teams and better value. They have also built connections towards developing a cancer surveillance program, increased use of Telehealth, provided new radiation treatments, added drugs to our formulary, used technology to assist in providing safer, more timely care, and worked with others to understand the health of our young people.

As we move into 2015-16, we began the work of developing a new strategic plan that would help us move forward. I'm proud of the work we have done not just this year, but over the last five years towards accomplishing our goals. However, the needs of our patients and clients are changing and we need to be prepared to change with them. We will use continuous improvement tools and methodology to assist us in our work and to help us adapt. Ultimately though, we will continue to do what we have done for 85 years, which is to listen and respond. We will continue providing safe, timely, quality care, innovative programs and research.

As we look to what the future holds, we remain grounded in the fact that even with a long history of cancer care for the province, we are really just getting started. We know there is still a lot of work ahead but I am pleased to share with you this report which outlines some of our greatest successes and challenges for the year as we moved from mission to action.



Scott Livingstone
President and Chief Executive Officer



Our People, Our Work

The Saskatchewan Cancer Agency is a provincial healthcare organization with a legislated mandate to provide cancer control for the more than 1.13 million people in this province.

Together, our more than 790 employees provide clients, patients and families with safe, quality treatment, innovative research, early detection and prevention programs. As we look to continuously improve our delivery of programs and services, our employees are rising to the challenge.

"I am genuinely impressed and proud of the accomplishments of our staff throughout the year," said Scott Livingstone, President and Chief Executive Officer for the Saskatchewan Cancer Agency. "I am confident we will continue to be able to provide a high level of expertise in treatment, early detection, prevention, research and support services because of the dedication and perseverance of employees."

TREATMENT

Through the Allan Blair Cancer Centre in Regina and the Saskatoon Cancer Centre, patients have a team of experienced, skilled and dedicated health professionals helping them to understand their diagnosis and make choices on treatment and care.

Each cancer centre offers:

- Psychosocial workers to help patients and families cope with the physical, financial and emotional impact of dealing with cancer
- A referral centre, operated by registered nurses, that processes new referrals and books patients for assessment
- Chemotherapy and radiation therapy

Through the Blood and Marrow Transplant Program, located in Saskatoon, we provide assessments and treatment for patients with aggressive or advanced blood and circulatory system cancers.

COMMUNITY ONCOLOGY PROGRAM OF SASKATCHEWAN

We recognize the importance that family and community play in a patient's treatment and recovery. The Community Oncology Program of Saskatchewan (COPS) works together with health regions to provide specific types of chemotherapy treatments. COPS provides cancer patients with care, treatment and support in or closer to their home communities. There are 16 COPS centres located in hospitals throughout Saskatchewan (Estevan, Humboldt, Kindersley, Lloydminster, Meadow Lake, Melfort, Melville, Moose Jaw, Moosomin, Nipawin, North Battleford, Prince Albert, Swift Current, Tisdale, Weyburn and Yorkton).

RESEARCH

At the Cancer Agency we have world-class researchers who are helping make a difference in the fight against cancer. We provide bench research, clinical research, including clinical trials, and epidemiology research.

Understanding how breast cancer develops and why it spreads is a key focus of the Cancer Agency's research team as they look to help improve care, programs and treatment options.

The Cancer Agency is subject to or governed by the following provincial legislation:

- The Cancer Agency Act
- The Health Information Protection Act
- The Regional Health Services Act

Our vision:

- A healthy population free from cancer

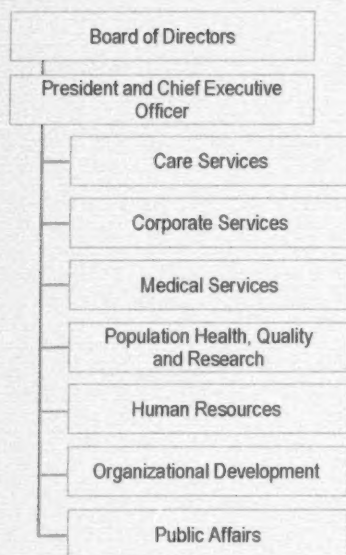
Our mission:

- To provide leadership in cancer control for the people of Saskatchewan through prevention, early detection, treatment and research

Our values:

- Caring and respect
- Ethics and accountability
- Quality and innovation
- Continuous learning and improvement

Our People, Our Work



EARLY DETECTION

The Cancer Agency operates three population-based screening programs:

- Screening Program for Breast Cancer, which started in 1990, includes clinics in Regina and Saskatoon and satellite centres in Lloydminster, Moose Jaw, North Battleford, Prince Albert, Swift Current and Yorkton. We also operate a mobile unit that travels to rural Saskatchewan and First Nations reserves offering screening mammograms.
- Prevention Program for Cervical Cancer which started in 2003
- Screening Program for Colorectal Cancer which started in 2009

PREVENTION

Since many risk factors for cancer are common to other diseases, the probable economic and human life savings is significantly greater than that for cancer alone. By controlling these risk factors there would also be a positive impact on the occurrence of heart disease and stroke, lung disease and diabetes. Through connections with communities, organizations and government ministries the Cancer Agency provides information and education with regard to cancer prevention.

PATIENT AND FAMILY ADVISORY COUNCIL

At the Cancer Agency we want to provide exceptional care with the client, patient and their family at the centre of every decision we make and action we take. This starts with ensuring patients and their families have a voice about their care and treatment, but also about how services are delivered.

In 2011, we established a Patient and Family Advisory Council (PFAC) with patients, family members and our own staff coming together to:

- Improve the patient and family experience
- Improve the relationship between patients, family and staff
- Channel information, ideas and needs of patients
- Provide input into services and programs

FUNDRAISING

Philanthropy plays a vital role in the success of our work. The support of our donors enables us to:

- Equip our facilities with the most advanced technology to save lives and improve patient care
- Care for the needs of people from early detection through to treatment
- Fund research that benefits patients and advances our understanding of disease prevention, diagnosis and treatment
- Maintain high levels of quality and satisfaction for patients and employees
- Improve our facilities so we can deliver advanced, efficient care to the thousands of patients who come through our doors

Accountability

BOARD OF DIRECTORS

The Cancer Agency is guided by a board of directors appointed by the Lieutenant Governor in Council. The responsibilities of the board include:

- Selecting the chief executive officer and reviewing his or her performance
- Establishing the overall strategic direction and framework for the Cancer Agency, including the mission, vision and values
- Providing financial stewardship by overseeing the financial management of the organization
- Monitoring the overall quality and safety of services and programs for staff and patients
- Establishing and maintaining relationships with key stakeholders
- Maintaining effective governance, which includes annually evaluating the board's effectiveness and that of its committees

The president and chief executive officer (CEO) is the board's link to the administration and day-to-day operations of the Cancer Agency. The CEO is accountable to the board as a whole.

"The board's role is supported by the organization's statutory framework, and by the board's own governance manual and oversight," said Ron Waschuk, Board Chair of the Saskatchewan Cancer Agency.

As overseer of a \$155.7 million budget, the board brings strong business judgement and expertise to the stewardship of the Cancer Agency. To be successful for such a large and at times complex organization, board members devote a considerable amount of time to meetings and committee work. All of the board's eight members sit on committees that are designed to help strengthen the accountability the Cancer Agency has to the people of this province.

ACCOMPLISHMENTS

The board:

- Continued to hear our patient stories by inviting patients to speak with the board. This drives our members to be patient-first in thinking and decision making
- Reviewed and revised where necessary, all governance standards pertaining to the upcoming accreditation cycle
- Incorporated ethical decision processes into the board's governance practices
- Continued education sessions on key areas in the Cancer Agency so the board members are able to understand the operational side of business
- Began the process of developing a strategic plan for 2015-2020

"Effective organizations require governance practices that are comprehensive and adaptable to the changing environment," said Waschuk. "As a board we are continually looking at how we can improve and provide the necessary oversight, but not to become so entrenched that we are interfering in the operations of the Cancer Agency."

Good governance is essential in ensuring the Cancer Agency continues to serve Saskatchewan residents in an effective, sustainable and accountable manner.

Accountability

BOARD COMMITTEES

Audit:

- Howard Crofts, Chair
- Doug Finnie
- Velma Night

Governance and Human Resources:

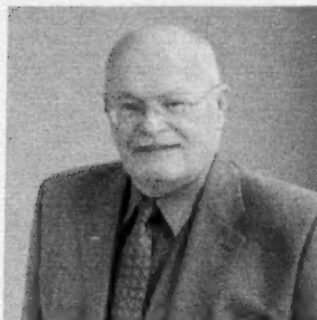
- Doug Finnie, Chair
- Marlene Lumberjack
- Howard Crofts
- Don Ravis

Quality, Safety and Risk:

- Dr. Walter Streelasky, Chair
- Don Ravis
- Zeba Ahmed

The board chair sits as ex-officio on all committees

A brief bio of our board members is available at www.saskcancer.ca/board



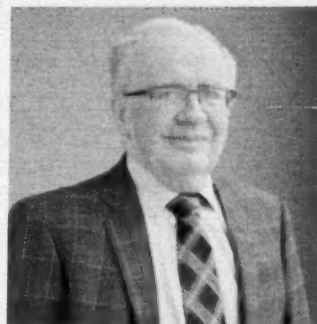
Ron Waschuk
Board Chair, Waskesiu



Howard Crofts
Board Vice Chair, Regina



Zeba Ahmed
Saskatoon



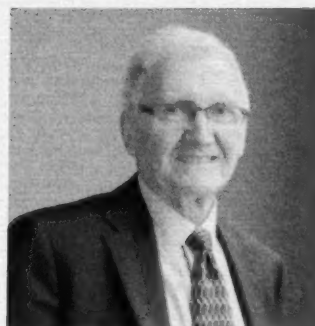
Doug Finnie
Saskatoon



Marlene Lumberjack
Saskatoon



Velma Night
Cochin



Don Ravis
Saskatoon



Dr. Walter Streelasky
Melville

Alignment with Health Sector

THINKING AND ACTING AS ONE

Working together as a health system, the Cancer Agency is committed to the overall direction of providing better health, better care, better teams and better value for the people of this province.

"While our work may differ from that of our regional counterparts, we recognize that we all have the same patient," said Scott Livingstone, President and Chief Executive Officer. "Thinking and acting as one means we do our part to contribute to the priorities and goals of the sector to help improve the overall health of our province."

During the 2014-15 year, the Cancer Agency focused on the following initiatives:

INITIATIVE	TARGET	OUTCOME
Community Oncology Program of Saskatchewan (COPS) Enhancement	By March 31, 2015 develop a new COPS model using a primary healthcare approach, and enhance the services with one COPS centre for urgent symptom management and palliative care processes.	Working with the Prince Albert Parkland Health Region, the program was able to accommodate twice the volume of patient visits over 2012/13 (22% more than in 2013/14) and expand the range of chemotherapy drugs that could be administered. A peer navigation program was established and provided a link to the symptom management and palliative care outpatient program at the Saskatoon Cancer Centre.
Enhancement of Clinical Management System Readiness Plan	By March 31, 2015 develop a plan to connect various Cancer Agency systems.	To further support the enhancement of the clinical management system, the radiation oncology system was upgraded to support a new linear accelerator to be installed in Regina. The radiation oncology processes were assessed and brought to a provincial, paperless standard, and a plan for future enhancements was created. This year also saw the completion of the Saskatchewan Laboratory Results Repository (SLRR) integration project, where provincial lab results can now be sent to our medical oncology system.
Pharmacy Software System	By March 31, 2015 implement a new pharmacy system which will improve patient and staff safety and pharmacy operations.	All pre-printed drug orders were reviewed and standardized for the implementation of the new pharmacy system. Work was completed for intravenous drug dispensing. Work continues with the software vendor to identify take home medication requirements and function towards being able to implement the system in 2015-16.
Provide Radiation Therapy Closer to Home for Patients	By March 31, 2015 implement stereotactic radiation therapy in Saskatoon for brain cancer patients and high dose rate brachytherapy for prostate cancer patients in Regina.	A program for stereotactic brain radiation therapy is in development for Saskatoon. It is anticipated that patients will be able to be treated in 2015. High dose rate (HDR) prostate brachytherapy program for prostate cancer patients was implemented in Regina. One patient has been treated to date.



From Mission to Action - Making Connections

MAKING CONNECTIONS TOWARDS CANCER PREVENTION



Throughout the year, what became clear for the Cancer Agency is that we can't care for people alone, whether it's in prevention, population health, continuous improvement or treatment. The connections we form with individuals, groups and organizations are what will make us successful in moving our mission to action.

The fact is that today, parents are raising the first generation of children that will not outlive their parents if the current trends continue. However, more than 50 per cent of cancers are preventable with even small changes in lifestyle.

With regard to cancer prevention, two key pieces of work were part of our focus for 2014-15: determining the health of young people and sun protection.

Saskatchewan Alliance for Youth and Community Well-being

The Cancer Agency co-chairs the Saskatchewan Alliance for Youth and Community Well-being (SAYCW), which is comprised of over 30 organizations committed to improving the health and well-being of youth and communities in the province.

"Bringing together First Nations and Métis elders, Francophone, federal and provincial governments, academia and others to look at how we help improve the health of young people in this province is important," said Dr. Jon Tonita, Vice President of Population Health, Quality and Research for the Saskatchewan Cancer Agency and co-chair of SAYCW.

One of the key activities of SAYCW is conducting a survey for students in grades 7 to 12. The survey focuses on a variety of topics and health factors: general and dental health; sun and UV exposure; food; physical activity; screen time; sleep; substance abuse; school engagement and support; feelings; safety; suicide and self-harm; and sexual health.

"Using the survey results, we will work together with schools and school divisions as well as communities to deliver programs and policies that can help improve youth health and well-being," said Dr. Tonita. "With ongoing monitoring we can target specific issues in school communities and determine where we need to focus our attention."

The survey was piloted in the fall of 2014 and will be rolled out province-wide in 2015. An estimated 20,000 students in 179 schools are expected to complete the survey. Once the results are available SAYCW will help support the schools and communities to take action.

Sun Smart Saskatchewan

Through another partnership the Cancer Agency is hoping to make a difference when it comes to the behaviours of young people around sun safety.

Sun Smart Saskatchewan is a coalition of partners committed to the prevention of skin cancer in the province. The group is working to create awareness of the risk of skin cancer from exposure to ultraviolet radiation and to encourage other organizations, groups and individuals to increase skin cancer prevention efforts.



Visit saycw.com for more information about the youth survey.

From Mission to Action - Making Connections

Two of Sun Smart's key pieces of work over the last year have been around developing sun safe training resources. Approximately 78 early learning educators participated in the training from 10 different centres, and in the coming year the program will be expanded to provide resources and training to other areas of the province.

"Providing our children at a very young age with the understanding of the harmful effects of the sun is important to our work in prevention," Dr. Tonita said. "We want children to be physically active and not stay indoors, but we want them to have fun and enjoy the outdoors with the proper protection."

In 2014 Sun Smart Saskatchewan conducted a survey among young adults 18 to 24 years of age to measure their knowledge, attitudes and behaviours related to indoor tanning. The results showed:

- The majority of young adults began indoor tanning between the ages of 16 and 18 and were less likely to start indoor tanning as they aged. Only 18 per cent used tanning beds between the ages of 19 and 23.
- 69 per cent of people who started tanning before the age of 18 were accompanied by their mother or female guardian.
- 95 per cent of young adults who tan indoors understand the health risks but continue to do so anyway.

Studies have shown that tanning before the age of 35 increases the risk of developing melanoma, the deadliest form of skin cancer, by 59 per cent.

CONNECTING TO IMPROVE THE HEALTH OF FIRST NATIONS AND MÉTIS

In other areas our connections are with a segment of the population, like First Nations and Métis communities.

The Saskatchewan Cancer Agency is developing a First Nations and Métis Cancer Surveillance Program funded by the Canadian Partnership Against Cancer. The initiative has a dual focus: developing a system for ongoing surveillance of cancer among Status First Nations in the province, and developing a better understanding of what is needed to improve the cancer care journey for these patients.

We are working together on this initiative with five communities: Ochapowace First Nation, English River First Nation, Battle River Treaty 6 Health Centre, the Northern Village of Pinehouse, and the Northern Village of Ile-a-la-Crosse.

"In the first year of the program, we focused on gathering information about the current care journey for patients," said Dr. Tonita. "This was key to our work as we need to hear directly from patients, families, caregivers and leaders within the communities about their experiences and where there are gaps."

Through our conversations we have identified several recurring themes that will help guide our work in the future:

- Logistics of travel and financial burden related to care for rural and remote patients
- A desire for more cultural support and a need for peer support after diagnosis, to help provide newly diagnosed patients with an understanding of what to expect
- Continuity of care for patients returning to their home communities, either after or between treatments



Each year in Saskatchewan more cases of skin cancer are diagnosed than any other type of cancer. The disease, however, is highly preventable.

Learn more about how to reduce your risk of skin cancer at www.sunsmarts.sk.ca.



From Mission to Action - Making Connections

A cancer surveillance system is a way of continuously collecting information about the amount and types of cancers occurring in a group of people. This information is used to plan programs and services with the goal of improving cancer control.



PFAC member Mary Lee Simpson, seated far right, was a member of the Agency's 13th Rapid Process Improvement Workshop (RPIW) team

In the second year of the First Nations and Métis Cancer Surveillance Program, we will be exploring how we advance the development of the surveillance system.

"By increasing the surveillance of how cancer is impacting First Nations and Métis people, it will give healthcare providers a better idea of what types of specific programming should be targeted toward these populations," said Dr. Tonita.

CONNECTING WITH OUR PATIENTS

Every day our caregivers reach out and connect with patients and their families. As an organization the Cancer Agency is always looking for the most appropriate way to ensure that patients and families have a strong voice in planning and managing their care.

We also look for opportunities to go one step further and build programs around their needs. In 2014-15 we continued that tradition by offering flu vaccination clinics to patients and their primary caregiver. This helps protect patients as well as our staff from influenza. This year, 1,519 patients and caregivers received the flu shot as compared to 908 the previous year.

We were pleased to see the increase to the number of flu shots provided since this was the first year of the influenza control policy, where staff, visitors and families were asked to wear masks in patient care areas if they had not been vaccinated.

Patient and Family Advisory Council

Looking beyond just safety, we want to improve the overall experience of our patients. Our Patient and Family Advisory Council (PFAC) continued to help ensure the voice of the patient was being listened to:

- PFAC members provided input and advice on ways to improve signage within our facilities. Welcome signs were installed at both the Allan Blair and Saskatoon Cancer Centres. Way finding signage was also installed at the entrance from the Royal University Hospital to the Saskatoon Cancer Centre.
- Rest benches are being installed in Saskatoon outside the cancer centre.
- PFAC members are involved in policy review for matters that significantly impact patient experiences.
- Patients participated in our continuous improvement work throughout the year, sharing their experiences and helping the Cancer Agency improve how we deliver care.

"Our patients deserve the very best we have to offer," said Susan Bazylewski, Vice President of Care Services. "Having them share their experiences, their ideas for improvements and take an active role in their care is necessary for us to be effective."

Patient Reported Outcomes

Involving patients in our work is important, but measuring how well we are doing at meeting their needs is the only way to know if we are truly successful. That's why we began a partnership with Alberta and Manitoba to look at patient reported outcomes (PRO).

PROs have been defined as those outcomes that matter to the patient, are distinct from disease-focused outcomes, and are generally self-reported.

From Mission to Action - Making Connections

The Canadian Partnership Against Cancer is funding the initiative, which started with the three provinces coming up with a common set of patient reported outcomes to be collected and used to improve practice. The program objectives include:

- Creating a comprehensive and integrated tri-provincial approach to the collection, analysis and reporting of PROs
- Leveraging existing information technology infrastructure and electronic medical records to facilitate PRO collection without creating more work for patients or healthcare professionals
- Developing a systematic process for reporting, sharing and connecting the PRO data at the various levels
- Facilitating provincial collaboration around quality improvement initiatives
- Creating a culture of continual learning

The tools the three provinces will use to capture PROs include:

- Screening for distress, which is universally seen as a necessary standard for good cancer care
- The Ambulatory Oncology Patient Satisfaction Survey that reports on the dimensions of patient care including emotional support, continuity of care, respect for their preferences, physical comfort, how well they have been communicated with, informed and educated about their care, and how well they were able to access care

"When used effectively, PROs can help ensure patients are at the heart of our work in cancer care," said Bazylewski.

CONNECTING THROUGH TECHNOLOGY

With improvements to technology we are able to better meet the needs of our patients and improve their experience by bringing care closer to home. Telehealth is one way we have significantly reduced the need for patients to travel to Regina or Saskatoon for certain types of appointments.

Telehealth is a means of linking patients and caregivers through interactive video-conferencing over long distances. During a Telehealth appointment, the patient is able to see, hear and talk to their healthcare provider.

"As a provincial healthcare organization, we see patients from throughout Saskatchewan, but we recognize travel is not always convenient or even possible for patients," remarked Livingstone. "Telehealth can reduce some of the travel by allowing cancer care to be provided in or near patients' home communities."

CONNECTING THROUGH NEW TREATMENTS

Cancer care is always changing as the standard of care improves and new treatments become available.

Total Body Irradiation

In April 2014, the Cancer Agency began offering a total body irradiation (TBI) program in Saskatoon as part of a combined treatment for patients receiving a stem cell transplant from a donor. This form of radiotherapy suppresses the immune system in patients helping prevent rejection of the transplanted bone marrow or donor cells. It can also be used to eliminate residual cancer cells in the patient, increasing the likelihood of a successful transplant.

"Hearing from our patients about their needs, expectations and experiences is vital to our work," Susan Bazylewski said. "Actually measuring it and making this a component of standard care is going to tell us where we are doing well and where we need to improve."



From Mission to Action - Making Connections

With the start of the TBI program, care moved a little closer to home for patients who previously were sent out of province or country for treatment at a cost of more than \$250,000 to the province. In addition, patients paid for their relocation and living expenses while receiving treatment out of province.

"Offering TBI in Saskatchewan is one way we are ensuring stem cell patients have access to the highest standard of care," said Dr. Monica Behl, Vice President of Medical Services and Senior Medical Officer. "This program is a true patient first initiative where patients are able to stay closer to their families, friends and communities while getting the support and care they need."

Chemotherapy Drugs

On the chemotherapy front, patients have access to one of the most comprehensive list of drug therapies across Canada. In the last seven years the Cancer Agency has provided patients with a greater range of drugs including Avastin for colorectal cancer and Zelboraf and Yervoy used in the treatment of melanoma that has spread.

Between 2008 and 2014 the Cancer Agency added 40 new drugs and 59 indications to its formulary. In addition, continued financial support from government has seen the Cancer Agency's drug budget increase by 35 per cent over the last five years.

"Currently we have more than 200 drugs available to help patients in their battle against cancer," Dr. Behl stated. "As new drugs become available we are systematically evaluating them and they are then added as appropriate to our drug formulary, giving patients and their caregivers options for care."

CONNECTING THROUGH PARTNERSHIPS

Our work is often about forming partnerships and connecting with the people we serve and those we work with. One of those partners is Shared Services Saskatchewan (3sHealth).

3sHealth provides shared services including payroll processing and employee benefits administration, as well as joint contracting for goods and services. In 2014-15, 3sHealth celebrated the following achievements together with the Cancer Agency and health regions:

- Surpassed its five-year cost savings goal of \$100 million for the healthcare system, saving over \$110 million through collaboration and innovation in provincial contracting, linen savings, and other initiatives
- Worked with provincial contracting partners to create a product issue reporting process, ensuring safe, high-quality products are available for patient care across the healthcare system
- Explored improvement opportunities in areas such as transcription services, the provincial supply chain, environmental services, medical laboratory services, medical imaging services, enterprise resource management, and enterprise risk management, focusing on the ways the system can work together to implement solutions that improve care for patients and their families



Saskatchewan Cancer Agency TBI Team



From Mission to Action - Making Connections

Our Donors

The Cancer Agency also celebrated the continued dedication people and organizations have for assisting us in our work through philanthropic donations. The C95 Radio Marathon for Breast Cancer Research, Choc'laCure, Ladies of Harley, Prairie Women on Snowmobiles, RCMP Community Fundraiser and many other third-party events held in the province help fund research, equipment and patient comfort programs that benefit all patients.

In 2014-15 the Agency had 4,102 donors and received 4,852 gifts and donations.

Giving back is also something that means a lot to our staff. Through the Cameco Touchdown for Dreams program, which is a partnership with Cameco and the Saskatchewan Roughriders, we are able to grant dreams for women with a life threatening diagnosis of cancer. In this fiscal year we fulfilled another five dreams. Through the generosity of one of the recipients who chose to "pay it forward" with a donation, another woman also received a dream this year. After three years, 16 dreams have been granted for women.

MOVING FROM MISSION TO ACTION

It's the collective dedication and commitment of all staff at the Cancer Agency that we have tried to capture in this year's annual report. While the highlights of our work focused primarily on care and prevention, behind the scenes there are individuals who are working hard to ensure the organization is accountable, is safe, continuously improves, recruits the necessary staff, and so much more.

"Every employee plays a key role in helping us make our mission one of action," Livingstone said. "It's a challenge that we are ready for and one that makes our organization stronger."



C95 morning crew and Scott Livingstone

Progress by the Numbers

Clinical Services	Allan Blair Cancer Centre			Saskatoon Cancer Centre			Provincial Total		
	2012/13	2013/14	2014/15	2012/13	2013/14	2014/15	2012/13	2013/14	2014/15
Number of New Patient Appointments									
- Medical oncology	1,491	1,635	1,570	1,434	1,564	1,501	2,925	3,199	3,071
- Radiation oncology	1,313	1,302	1,327	1,371	1,433	1,477	2,684	2,735	2,804
- Pediatric oncology	22	16	13	16	26	43	38	42	56
- Hematology	186	187	203	349	250	348	535	437	551
Number of Review Patient Appointments									
- Systemic oncology	14,746	15,781	16,488	9,417	16,060	17,317	24,163	31,841	33,805
- Radiation oncology	4,355	4,611	5,185	6,150	6,527	7,265	10,505	11,138	12,450
- Pediatric oncology	632	893	800	1,077	1,211	1,350	1,709	2,104	2,150
Radiation Therapy Workload Statistics									
- Treatment sessions started	928	908	960	1,001	1,016	1,054	1,929	1,924	2,014
- Fractions (number of treatment sessions)	17,938	16,891	17,605	20,025	19,492	20,650	37,963	36,383	38,255
- Fields (number of beams delivered)	89,146	93,813	107,563	92,850	89,488	109,302	181,996	183,301	216,865
Chemotherapy Treatments									
- Treatment visits	8,418	8,996	9,318	9,925	10,489	11,055	18,343	19,485	20,373
- Number of patients	1,189	1,258	1,288	1,379	1,484	1,534	2,568	2,742	2,822

Access	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	2012/13	2013/14	2014/15	2012/13	2013/14	2014/15	2012/13	2013/14	2014/15	2012/13	2013/14	2014/15
Number of Days Between Referral and First Appointment (90th percentile)												
- Medical oncology	56	57	69	55	55	73	67	70	72	63	72	71
- Radiation oncology	41	38	49	52	42	60	42	46	53	59	49	71
Number of Days Between Ready to Treat and First Treatment (90th percentile)												
- Chemotherapy	13	11	15	13	13	15	13	14	12	13	15	12
- Radiation therapy	14	18	16	15	14	15	18	14	15	18	17	20

Stem Cell Transplants	2012/13	2013/14	2014/15
Number of allogeneic transplants	23	22	22
Number of autologous transplants	30	44	53
Number of patients sent out of province	2	4	2

Progress by the Numbers

Pharmacy Services	2012/13	2013/14	2014/15
Number of Oral Prescriptions Processed			
- Allan Blair Cancer Centre	22,857	30,240	26,666
- Saskatoon Cancer Centre	29,601	37,363	28,128
- Provincial	52,458	67,603	54,794
Number of IV Medications - Inpatient			
- Allan Blair Cancer Centre	3,388	3,555	3,034
- Saskatoon Cancer Centre	1,760	2,665	2,931
- Provincial	5,148	6,220	5,965
Number of IV Medications - Outpatient			
- Allan Blair Cancer Centre	22,047	22,927	22,944
- Saskatoon Cancer Centre	21,933	23,869	25,415
- Provincial	43,980	46,796	48,359
Number of COPS Orders Dispensed			
- Through the Allan Blair Cancer Centre	4,908	4,714	5,644
- Through Saskatoon Cancer Centre	3,883	4,108	4,622
- Provincial	8,791	8,822	10,266

Clinical Trials	2012/13	2013/14	2014/15
Number of patients enrolled to a clinical trial	169	125	136
Per cent of new patients enrolled	5%	3.1%	3.4%

Community Oncology Program of Saskatchewan	2012/13	2013/14	2014/15
Number of patients	1,564	1,713	1,877
Number of treatment visits	8,576	10,928	12,153
Number of kilometres saved in patient travel	5,640,000	7,221,900	3,735,707*

*Measurement methodology changed in 2014/15 that takes other factors into consideration beyond distance just to Regina and Saskatoon

Number of Influenza Vaccines	2012/13	2013/14	2014/15
Patients	797	593	944
Family and caregivers	489	315	575
Staff	NA	428	599

Safety	2012/13	2013/14	2014/15
Sick leave hours per FTE	64.19	61.07	62.34
Wage-driven premium hours per FTE	18.26	21.40	16.95
Lost time workplace injuries per 100 FTEs	.71	1.01	0.63
Critical Incidents	0	0	1*
Falls	N/A	N/A	19 patients 11 staff

*No patients or individuals were harmed, rather this incident stems from a delay in notifying clients of abnormal test results for the Screening Program for Colorectal Cancer.

Progress by the Numbers

Screening Program for Breast Cancer	2012/13	2013/14	2014/15
Number of screening mammograms on the mobile unit	6,136	8,390	8,137
Number of screening mammograms at the Regina centre	10,699	11,488	10,999
Number of screening mammograms at the Saskatoon centre	8,846	8,445	8,803
Satellite centres (Lloydminster, Moose Jaw, North Battleford, Prince Albert, Swift Current, Yorkton)	10,995	10,744	10,205
Total number of mammograms	36,676	39,067	38,144
	April 2011-March 2013	April 2012-March 2014	April 2013-March 2015
Participation rate	46.4%	47.7%	39.5%

Prevention Program for Cervical Cancer	2012/13	2013/14	2014/15
Number of Pap tests completed in health regions	106,267	103,368	100,257
	April 2010-March 2013	April 2011-March 2014	April 2012-March 2015
Participation rate (non-hysterectomy corrected)	59.2%	57.8%	55.6%

Screening Program for Colorectal Cancer	April 2011-March 2013	April 2012-March 2014	April 2013-March 2015
Number of people who have completed at least one fecal immunochemical test (FIT)	51,892	111,537	148,466
Participation rate	18.1%	37.9%	48.9%

Agency-Funded Research Grants	Researcher	Award Period	Total Amount Awarded	2014/15 Amount Awarded
Regulation of FRK expression in breast cancer cells and tumors	Dr. Keith Bonham	2013-15	\$200,000	\$100,000
A novel grafting strategy to construct antibodies targeting EGFR, HER2 & HER3 as therapeutics for triple negative and HER2 positive breast cancers	Dr. John DeCoteau	2013-15	\$200,000	\$100,000
Mini beam radiation treatment of brain tumor with high energy photons using linear accelerator	Dr. Vijayananda Kundapur	2013-15	\$99,537	\$169,093
Regulation of PTEN in breast cancer cells	Dr. Deborah Anderson	2014-16	\$200,000	\$100,000
Exploiting the defective genome of the cancer cells by synthetic lethality	Dr. Franco Vizeacoumar	2014-16	\$200,000	\$100,000
Novel HER2-specific T cell-based vaccine expressing potent Th epitope P30 for enhanced therapeutic immunity against trastuzumab-resistant HER2-positive breast cancer	Dr. Jim Xiang	2014-16	\$99,737	\$199,474
On the development and application of novel detector technologies in small field, stereotactic radiosurgery and stereotactic body radiotherapy dosimetry	Dr. Gavin Cranmer-Sargison	2012-14	\$36,389	\$11,218 (carryover of unused funds)
Outcome in elderly patients with glioblastoma multiforme	Dr. Rashmi Koul	2012-14	\$21,646	\$5,000 (carryover of unused funds)

Agency-Funded Postdoctoral Fellowships	Researcher	Award Period	Total Amount Awarded	2014/15 Amount Awarded
Novel T cell-based vaccine stimulates CTL responses in double transgenic HER-2/HLA-A2 mice and eradicates trastuzumab breast cancer in athymic nude mice	Dr. Yufeng Xie	2014-15	\$45,000	\$45,000

Financial Summary

In 2014-15 the Saskatchewan Cancer Agency's Operating Fund received revenues of \$158 million and incurred expenditures of \$157.1 million resulting in an excess of revenues over expenses of \$899 thousand. The positive financial position was mainly the result of clinical staff vacancy savings related to the timing of recruitment (approximately \$880 thousand) and lower than anticipated costs of medical testing (approximately \$200 thousand). By March 31, 2015 most of the clinical staff vacancies were recruited with start dates determined for 2015-16. Several variables have an impact on the cost of medical testing including the variety of cancer cases seen and the treatment options delivered and the associated medical testing required for monitoring patients under care. These savings were offset by higher than anticipated costs for casual staff resources in our clinics in Regina and Saskatoon (approximately \$380 thousand).

In 2014-15, the Cancer Agency funded four new drug programs recommended by the pan-Canadian Oncology Drug Review (pCODR). These drugs were subject to national pricing negotiation and group buying, resulting in significant savings. This cost sustainability strategy is expected to continue in future years and expand into other related areas.

As patients are living longer with cancer, associated increased workloads and expanding services continue to result in significant space pressures, particularly at our two cancer clinics. In 2014-15 the Cancer Agency continued the process of high level facility planning towards redeveloping the Saskatoon Cancer Centre, using innovative planning methods and tools to maximize the use of the space. The Cancer Agency has been in discussion with the government regarding funding requirements as we continue to collect and provide information required to support this initiative in future years. In Regina, the Cancer Agency began a project to centralize non-clinic based staff and programs at the Harbour Landing Business Park, with this consolidation to be completed in 2015-16.

Advances in treatment and technology continue to emerge, which creates pressure to acquire new equipment. We monitor our equipment needs, allocate capital funding to high priority areas and communicate additional funding requirements to the Ministry of Health through the annual planning processes. In 2014-15 the Cancer Agency began work required to replace a linear accelerator (linac) at the Allan Blair Cancer Centre in Regina. Work was also completed on replacing the call bell system at this location to ensure continued patient safety. In addition, an investment was made in the acquisition of brachytherapy equipment at the Allan Blair Cancer Centre, allowing us to enhance our radiation therapy treatment programs available for patients. In Saskatoon, we invested in the replacement of the air-conditioning system at the Saskatoon Cancer Patient Lodge.

The Cancer Agency continues to invest in its quality assurance program for our linacs and other radiation therapy equipment supporting enhanced safety for patients receiving treatment. Our operations continue to be heavily dependent on equipment and technology. It is important that our equipment remain current and be replaced at the end of its expected useful life.

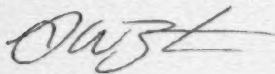
Management Report

The accompanying financial statements are the responsibility of management and are approved by the Saskatchewan Cancer Agency Board of Directors. The financial statements have been prepared in accordance with Canadian Public Sector Accounting Standards and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

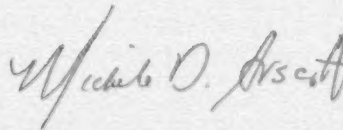
Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Cancer Agency's assets are safeguarded and the financial records are relevant and reliable.

The Saskatchewan Cancer Agency Board of Directors delegates the responsibility of reviewing the financial statements and overseeing management's performance in financial reporting to the Audit Committee of the board. The Audit Committee meets with management to discuss and review financial matters and recommends the financial statements to the Cancer Agency for approval. The Cancer Agency approves the annual report and, with the recommendation of the Audit Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by management.



Scott Livingstone
President and Chief Executive Officer



Michele Arscott, CPA CA
Chief Financial Officer and Vice President, Corporate Services

June 10, 2015

Independent Auditor's Report



PROVINCIAL AUDITOR
of Saskatchewan

INDEPENDENT AUDITOR'S REPORT

To: The Members of the Legislative Assembly of Saskatchewan

I have audited the accompanying financial statements of the Saskatchewan Cancer Agency, which comprise the statement of financial position as at March 31, 2015, and the statement of operations, statement of changes in fund balances and statement of cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards for government not-for-profit organizations for Treasury Board's approval, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of the Saskatchewan Cancer Agency as at March 31, 2015, and the results of its operations and cash flows for the year then ended in accordance with Canadian public sector accounting standards for government not-for-profit organizations.

Regina, Saskatchewan
May 22, 2015

Judy Ferguson, FCPA, FCA
Acting Provincial Auditor

2014-15 Financial Statements

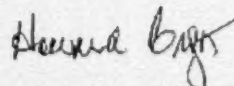
Statement 1

**SASKATCHEWAN CANCER AGENCY
STATEMENT OF FINANCIAL POSITION
As at March 31**

	Operating Fund	Capital Fund	Restricted Funds Research Fund	Trust Fund	March 31, 2015	March 31, 2014
ASSETS						
Current Assets						
Cash and short-term investments (Schedule 1)	\$ 2,230,395	\$ 11,644,537	\$ 594,784	\$ 4,365,701	\$ 18,835,417	\$ 16,469,504
Accounts receivable:						
- Ministry of Health - General Revenue Fund	287,500	---	---	---	287,500	359,930
- Other	2,968,825	34,185	---	10,939	3,013,949	3,188,212
Inventory	6,591,101	---	---	---	6,591,101	7,224,090
Prepaid expenses	839,872	63,000	---	---	902,872	976,019
Due (to) from other funds	268,752	(111,030)	2,310	(160,032)	---	---
	<u>13,186,445</u>	<u>11,630,692</u>	<u>597,094</u>	<u>4,216,608</u>	<u>29,630,839</u>	<u>28,217,755</u>
Investments (Schedule 1)	3,002,415	1,418,300	---	1,431,381	5,852,096	7,343,264
Capital assets (Note 4)	---	24,520,167	---	---	24,520,167	24,292,692
	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>
Total Assets	<u>\$ 16,188,860</u>	<u>\$ 37,569,159</u>	<u>\$ 597,094</u>	<u>\$ 5,647,989</u>	<u>\$ 60,003,102</u>	<u>\$ 59,853,711</u>
LIABILITIES & FUND BALANCE						
Current Liabilities						
Accounts payable	\$ 4,313,286	\$ 2,310,263	\$ ---	\$ 15,300	\$ 6,638,849	\$ 5,335,928
Accrued salaries (Note 13)	2,509,340	---	---	---	2,509,340	2,095,436
Vacation payable	1,479,142	---	---	1,466	1,480,608	1,561,512
Deferred revenue (Note 7)	3,296,564	---	---	---	3,296,564	3,312,050
	<u>11,598,332</u>	<u>2,310,263</u>	<u>---</u>	<u>16,766</u>	<u>13,925,361</u>	<u>12,304,926</u>
Long-Term Liabilities						
Employee future benefits (Note 9)	2,291,100	---	---	---	2,291,100	2,194,500
Total Liabilities	<u>13,889,432</u>	<u>2,310,263</u>	<u>---</u>	<u>16,766</u>	<u>16,216,461</u>	<u>14,499,426</u>
Fund Balances						
Invested in capital assets	---	24,520,167	---	---	24,520,167	24,292,692
Externally restricted (Schedule 2)	---	2,501,297	597,094	4,220,864	7,319,255	6,110,755
Internally restricted (Schedule 3)	2,299,428	8,237,432	---	1,410,359	11,947,219	14,950,838
Fund balances	<u>2,299,428</u>	<u>35,258,896</u>	<u>597,094</u>	<u>5,631,223</u>	<u>43,786,641</u>	<u>45,354,285</u>
Total Liabilities & Fund Balance	<u>\$ 16,188,860</u>	<u>\$ 37,569,159</u>	<u>\$ 597,094</u>	<u>\$ 5,647,989</u>	<u>\$ 60,003,102</u>	<u>\$ 59,853,711</u>



Ron Waschuk
Board Chair
Saskatchewan Cancer Agency



Howard Crofts, FCPA FCA
Audit Committee Chair
Saskatchewan Cancer Agency

(The accompanying notes and schedules are part of these financial statements.)

2014-15 Financial Statements

Statement 2

**SASKATCHEWAN CANCER AGENCY
STATEMENT OF OPERATIONS
For the Year Ended March 31**

	Operating Fund		Capital Fund 2015	Research Fund 2015	Restricted Funds		
	Total 2015	Total 2014			Trust Fund 2015	Total 2015	Total 2014
REVENUES							
Ministry of Health – General Revenue Fund	\$ 154,365,044	\$ 150,205,801	\$ 1,955,000	\$ —	\$ —	\$ 1,955,000	\$ 80,000
Grants	795,440	683,439	—	—	—	—	—
Donations and bequests	—	—	—	—	1,838,825	1,838,825	2,022,679
Investment income	224,964	237,754	147,937	3,085	80,277	231,299	229,708
Other revenues	2,613,164	2,254,523	161,660	—	—	161,660	—
	<u>157,998,612</u>	<u>153,381,517</u>	<u>2,264,597</u>	<u>3,085</u>	<u>1,919,102</u>	<u>4,186,784</u>	<u>2,332,387</u>
EXPENSES							
Salaries and employee benefits	80,538,629	75,365,310	—	—	154,795	154,795	203,471
Drugs and medical supplies	57,877,572	51,548,519	—	—	—	—	—
Purchased services	2,133,030	2,337,247	—	—	—	—	—
Other expenses	16,550,066	17,214,991	—	—	1,256,859	1,256,859	598,954
Research grants (Schedule 4)	—	—	—	756,207	—	756,207	581,683
Amortization	—	—	4,450,389	—	—	4,450,389	4,275,846
Loss/(gain) on disposal of capital assets	—	—	35,493	—	—	35,493	67,361
	<u>157,099,297</u>	<u>146,466,067</u>	<u>4,485,882</u>	<u>756,207</u>	<u>1,411,654</u>	<u>6,653,743</u>	<u>5,727,315</u>
Excess (deficiency) of revenues over expenses	<u>\$ 899,315</u>	<u>\$ 6,915,450</u>	<u>\$ (2,221,285)</u>	<u>\$ (753,122)</u>	<u>\$ 507,448</u>	<u>\$ (2,466,959)</u>	<u>\$ (3,394,928)</u>

(The accompanying notes and schedules are part of these financial statements.)

2014-15 Financial Statements

Statement 3

**SASKATCHEWAN CANCER AGENCY
STATEMENT OF CHANGES IN FUND BALANCES
For the Year Ended March 31**

2015	Operating Fund	Capital Fund	Research Fund	Trust Fund	Total
Fund balance, beginning of year	\$ 8,600,113	\$ 30,562,124	\$ 164,724	\$ 6,027,324	\$ 45,354,285
Excess (deficiency) of revenues over expenses	899,315	(2,221,285)	(753,122)	507,448	(1,567,644)
Interfund transfers (Note 8)	(7,200,000)	6,918,057	1,185,492	(903,549)	---
Fund balance, end of year	\$ 2,299,428	\$ 35,258,896	\$ 597,094	\$ 5,631,223	\$ 43,786,641

2014	Operating Fund	Capital Fund	Research Fund	Trust Fund	Total
Fund balance, beginning of year	\$ 1,784,663	\$ 34,273,858	\$ 72,891	\$ 5,702,351	\$ 41,833,763
Excess (deficiency) of revenues over expenses	6,915,450	(4,118,037)	(580,622)	1,303,731	3,520,522
Interfund transfers (Note 8)	(100,000)	406,303	672,455	(978,758)	---
Fund balance, end of year	\$ 8,600,113	\$ 30,562,124	\$ 164,724	\$ 6,027,324	\$ 45,354,285

(The accompanying notes and schedules are part of these financial statements.)

2014-15 Financial Statements

Statement 4

**SASKATCHEWAN CANCER AGENCY
STATEMENT OF CASH FLOWS
For the Year Ended March 31**

	Operating Fund		Restricted Funds				
	Total 2015	Total 2014	Capital Fund 2015	Research Fund 2015	Trust Fund 2015	Total 2015	Total 2014
Cash provided by (used in):							
Operating activities:							
Excess (deficiency) of revenues over expenses	\$ 899,315	\$ 6,915,450	\$ (2,221,285)	\$ (753,122)	\$ 507,448	\$ (2,466,959)	\$ (3,394,928)
Net change in non-cash working capital (Note 3)	889,750	(9,609,692)	1,854,787	(15,850)	(18,820)	1,820,117	5,464,164
Amortization of capital assets	—	—	4,450,389	—	—	4,450,389	4,275,846
Loss/(gain) on disposal of capital assets	—	—	35,493	—	—	35,493	67,361
	<u>1,789,065</u>	<u>(2,694,242)</u>	<u>4,119,384</u>	<u>(768,972)</u>	<u>488,628</u>	<u>3,839,040</u>	<u>6,412,443</u>
Capital activities:							
Purchase of capital assets							
Building/construction/land	—	—	(2,884,059)	—	—	(2,884,059)	(483,558)
Leasehold improvements	—	—	(1,829,298)	—	—	(1,829,298)	(1,156,599)
Equipment	—	—	—	—	—	—	(5,583,895)
Proceeds on disposal of capital assets							
Equipment	—	—	—	—	—	—	10,000
	<u>—</u>	<u>—</u>	<u>(4,713,357)</u>	<u>—</u>	<u>—</u>	<u>(4,713,357)</u>	<u>(7,214,052)</u>
Investing activities:							
Purchase of investments	—	—	(915,584)	—	(956,251)	—	—
Disposal of investments	1,450,000	—	916,000	—	957,000	1,873,000	—
	<u>1,450,000</u>	<u>—</u>	<u>416</u>	<u>—</u>	<u>749</u>	<u>1,165</u>	<u>—</u>
Net increase (decrease) in cash and short-term investments during the year	3,239,065	(2,694,242)	(593,557)	(768,972)	489,377	(873,152)	(801,609)
Cash and short-term investments, beginning of year	6,191,330	8,985,572	5,320,057	178,264	4,779,873	10,278,174	10,979,783
Interfund transfers (Note 8)	(7,200,000)	(100,000)	6,918,057	1,185,492	(903,549)	7,200,000	100,000
Cash and short-term investments, end of year	<u>\$ 2,230,395</u>	<u>\$ 6,191,330</u>	<u>\$ 11,644,537</u>	<u>\$ 594,784</u>	<u>\$ 4,365,701</u>	<u>\$ 16,605,022</u>	<u>\$ 10,278,174</u>
Amounts in cash balances:							
Cash and short-term investments	<u>\$ 2,230,395</u>	<u>\$ 6,191,330</u>	<u>\$ 11,644,537</u>	<u>\$ 594,784</u>	<u>\$ 4,365,701</u>	<u>\$ 16,605,022</u>	<u>\$ 10,278,174</u>

(The accompanying notes and schedules are part of these financial statements.)

2014-15 Financial Statements

**SASKATCHEWAN CANCER AGENCY
NOTES TO THE FINANCIAL STATEMENTS
As at March 31, 2015****1. Legislative Authority**

The Saskatchewan Cancer Foundation commenced operations on August 1, 1979 under the provisions of *The Cancer Foundation Act*. Effective January 2, 2007, it continued as a corporation under the name of the Saskatchewan Cancer Agency (Cancer Agency) pursuant to *The Cancer Agency Act*. The Cancer Agency is responsible for the planning, organization, delivery and evaluation of cancer care services throughout Saskatchewan in collaboration with Saskatchewan regional health authorities and health care organizations.

The Cancer Agency is a not-for-profit organization and is not subject to income and property taxes from the federal, provincial and municipal levels of government.

2. Significant Accounting Policies

The Cancer Agency is classified as a government not-for-profit organization. These financial statements have been prepared in accordance with Canadian public sector accounting (PSA) standards, issued by the Public Sector Accounting Board and published by the Chartered Professional Accountants of Canada (CPA Canada). The Cancer Agency has adopted the standards for government not-for-profit organizations, as set forth at PSA Handbook Section PS 4200 to PS 4270. The Cancer Agency has also adopted section PS 3260 Liability for Contaminated Sites, as further explained in Note 15.

a) Fund Accounting

The accounts of the Cancer Agency are maintained in accordance with the restricted fund method of accounting. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The Operating Fund reflects the primary operations of the Cancer Agency including contributions from the Ministry of Health - General Revenue Fund for the provision of health services. Other revenues consist of recoveries, ancillary revenue and billings to patients and other organizations.

ii) Capital Fund

The Capital Fund is a restricted fund that reflects the equity of the Cancer Agency in capital assets. The Capital Fund includes contributions from the Ministry of Health - General Revenue Fund designated for construction of capital projects and the acquisition of capital equipment. Expenses consist primarily of amortization of capital assets.

iii) Research Fund

The Research Fund is a restricted fund that supports the awarding of cancer research grants. The Research Fund includes contributions from research donations transferred from the Trust Fund and investment income of the Research Fund.

iv) Trust Fund

The Trust Fund is a restricted fund that accepts donations and contributions designated by the contributors to be used for such purposes as cancer research, equipment and library books. The Cancer Agency maintains a record of the funds contributed and spent for each of the designated purposes until such funds are fully utilized. Trust funds are managed under four principles – Transparency, Accountability, Stewardship and Controls on Authorization.

2014-15 Financial Statements

b) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized in the year as revenue of the appropriate restricted fund.

c) Investments

Long-term investments are recorded at par value plus or minus the amortization of premium or discount remaining in the life of the bond. Short-term investments are recorded at fair value.

d) Inventory

Inventory consists of chemotherapy drugs valued at cost as determined using the average cost method.

e) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	20 years
Leasehold improvements	3-20 years
Equipment and furniture	4-15 years

Donated capital assets are recorded at their fair value at the date of contribution if readily determinable, otherwise they are recorded at nominal value.

f) Asset Retirement Obligations

Asset retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

g) Employer Future Benefits

i. Pension plan:

Employees of the Cancer Agency participate in a multi-employer defined benefit pension plan or a multi-employer defined contribution plan. The Cancer Agency follows defined contribution plan accounting for its participation in these plans. Accordingly, the Cancer Agency expenses all contributions it is required to make in the year.

ii. Accumulated sick leave benefit liability:

The Cancer Agency provides sick leave benefits for employees that accumulate but do not vest. The Cancer Agency recognizes a liability and an expense for sick leave in the period in which employees render services in return for the benefits. The liability and expense is developed using an actuarial cost method.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses, and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in the period in which they become known.

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i) Financial Instruments

Cash, short-term investments, accounts receivable, accounts payable, accrued salaries and vacation payable are classified in the fair value category. Gains and losses on these financial instruments are recognized in the Statement of Operations. Long-term debt and mortgages payable are carried at amortized cost.

Financial assets in the fair value category are marked-to-market by reference to their quoted bid price.

Long-term investments are valued at par value plus or minus the amortization of premium or discount remaining in the life of the bond. Sales and purchases of investments are recorded on the trade date. Investments consist of guaranteed investment certificates, term deposits, bonds and debentures. Transaction costs related to the acquisition of investments are expensed.

As at March 31, 2015 (2014 – none), the Cancer Agency does not have any outstanding contracts or financial instruments with embedded derivatives. Financial assets are categorized as level 1 in the fair value hierarchy.

3. Net Change in Non-Cash Working Capital

	Operating Fund		Restricted Funds				
	2015	2014	Capital Fund	Research Fund	Trust Fund	Total 2015	Total 2014
(Increase) decrease in accounts receivable	\$ 258,724	\$ (1,461,495)	\$ (18,584)	\$ -	\$ 6,553	\$ (12,031)	\$ 297
(Increase) decrease in inventory	632,989	(1,882,638)	-	-	-	-	-
(Increase) decrease in prepaid expenses	133,376	(502,682)	(63,000)	-	2,772	(60,228)	645
(Increase) decrease in due (to) from other funds	200,293	(5,450,632)	(323,014)	(15,850)	138,570	(200,294)	5,450,632
(Increase) decrease in financial instruments	9,750	14,312	15,996	-	14,257	30,253	29,000
Increase (decrease) in accounts payable	(760,711)	(631,824)	2,243,389	-	(179,757)	2,063,632	(14,986)
Increase (decrease) in accrued salaries	414,460	319,470	-	-	(556)	(556)	556
Increase (decrease) in vacation payable	(80,245)	12,913	-	-	(659)	(659)	(1,980)
Increase (decrease) in deferred revenue	(15,486)	(125,916)	-	-	-	-	-
Increase in employee future benefits	96,600	98,800	-	-	-	-	-
	<u>\$ 889,750</u>	<u>\$ (9,609,692)</u>	<u>\$ 1,854,787</u>	<u>\$ (15,850)</u>	<u>\$ (18,820)</u>	<u>\$ 1,820,117</u>	<u>\$ 5,464,164</u>

4. Capital Assets

	March 31, 2015			March 31, 2014
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land and Improvements	\$ 280,297	\$ —	\$ 280,297	\$ 280,297
Buildings	23,988,440	19,961,949	4,026,491	4,106,446
Leasehold Improvements	17,644,033	11,337,566	6,306,467	4,420,043
Equipment and Furniture	39,572,555	25,665,643	13,906,912	15,485,906
	<u>\$ 81,485,325</u>	<u>\$ 56,965,158</u>	<u>\$ 24,520,167</u>	<u>\$ 24,292,692</u>

Work in progress amount included in the assets above is \$3,496,383 (2014 - \$128,182). This amount was not amortized in 2014/15.

5. Contractual Obligations

a) Capital Assets Acquisitions

At March 31, 2015, contractual obligations for acquisition of capital assets are \$3,244,199 (2014 - \$0).

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b) Operating Leases

Minimum annual payments under operating leases on property over the next five years are as follows:

2016	\$2,064,508
2017	1,923,329
2018	1,961,377
2019	1,694,393
2020	1,651,886

c) Asset Retirement Obligations

The Cancer Agency does not have any significant liability for asset retirement obligations. Asset retirement costs for the organization are associated with the removal of radiation sources from the Cancer Centres. As these costs are not significant, they will be expensed in the period in which they are incurred.

d) Contracted Health Services Operators

The Cancer Agency continues to contract on an ongoing basis with the regional health authorities to provide some services such as lab tests, diagnostic radiology, and housekeeping and maintenance services. Services provided in the year ending March 31, 2015 will continue to be contracted for the following fiscal year. In the year ended March 31, 2015, the Cancer Agency contracted services amounting to \$7,109,139 (2014 - \$7,664,960). Note 10 provides supplementary information on the regional health authorities.

6. Cancer Patient Lodges

The Canadian Cancer Society, Saskatchewan Division (Society), previously donated two cancer patient lodges in the Province to the Cancer Agency. Under the terms of an agreement with the Society, the Cancer Agency has assumed responsibility for the operations of these lodges. Title to the properties will remain with the Cancer Agency so long as they are operated as cancer patient lodges. If the Cancer Agency ceases to use the buildings as patient lodges, title of those buildings will be transferred to the Society without charge.

7. Deferred Revenue

As at March 31, 2015	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Ministry of Health Initiatives				
Ministry of Health - General Revenue Fund				
- Aboriginal awareness training	\$ 28,599	\$ 516	\$ —	\$ 28,083
- Professional development initiatives	2,702	2,702	—	—
- Bursaries	—	10,000	10,000	—
- Colorectal screening initiatives	849,872	—	—	849,872
- Drug funding	2,200,750	—	21,457	2,222,207
- Infection control	56,000	—	—	56,000
- Sun Smart initiatives	39,640	39,640	40,000	40,000
- Lymphedema education	36,934	34,085	—	2,849
Total Ministry of Health Initiatives	3,214,497	86,943	71,457	3,199,011
Non-Ministry of Health Initiatives				
Other revenue received in advance	97,553	50,000	50,000	97,553
Total Non-Ministry of Health Initiatives	97,553	50,000	50,000	97,553
Total Deferred Revenue	\$ 3,312,050	\$ 136,943	\$ 121,457	\$ 3,296,564

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As at March 31, 2014	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Ministry of Health Initiatives				
Ministry of Health - General Revenue Fund				
- Aboriginal awareness training	\$ 29,889	\$ 1,290	\$ ---	\$ 28,599
- Professional development initiatives	2,702	---	---	2,702
- Quality workplace initiatives	12,127	12,127	---	---
- Colorectal screening initiatives	984,272	134,400	---	849,872
- Drug funding	2,178,960	---	21,790	2,200,750
- Infection control	56,000	---	---	56,000
- SunSmart initiatives	---	---	39,640	39,640
- Lymphedema education	76,398	39,464	---	36,934
Total Ministry of Health Initiatives	3,340,348	187,281	61,430	3,214,497
Non-Ministry of Health Initiatives				
Other revenue received in advance	97,618	65	---	97,553
Total Non-Ministry of Health Initiatives	97,618	65	---	97,553
Total Deferred Revenue	\$ 3,437,966	\$ 187,346	\$ 61,430	\$ 3,312,050

8. Interfund Transfers

Each year the Cancer Agency transfers amounts between its funds for various purposes. These include funding current and future capital asset purchases, research grants and reassigning fund balances to support certain activities.

2015				
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	\$ (6,700,000)	\$ 6,918,057	\$ ---	\$ (218,057)
Research grants	(500,000)	---	1,185,492	(685,492)
Total	\$ (7,200,000)	\$ 6,918,057	\$ 1,185,492	\$ (903,549)
2014				
	Operating Fund	Capital Fund	Research Fund	Trust Fund
Capital asset purchases	\$ ---	\$ 406,303	\$ ---	\$ (406,303)
Research grants	(100,000)	---	672,455	(572,455)
Total	\$ (100,000)	\$ 406,303	\$ 672,455	\$ (978,758)

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9. Employer Future Benefits

a) Pension Plan

Employees of the Cancer Agency participate in one of the following pension plans:

1. Public Employees Pension Plan (PEPP) (a related party) is a defined contribution pension plan. The Province of Saskatchewan is responsible for the plan. The Cancer Agency's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services. Pension expense for the year is included in employee benefits in Schedule 5.
2. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Health Shared Services Saskatchewan (3sHealth) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU and HSAS). SHEPP is a multi-employer defined benefit plan, which came into effect December 31, 2002. The Cancer Agency's financial obligation to the plan is limited to making required payments to match the amount contributed by the employees for current services at a ratio of 1.12 to 1. Pension plan contribution rates have increased as a result of deficiencies in SHEPP. Any actuarially determined deficiency is the responsibility of participating employers and employees in the ratio of 1.12 to 1. Contribution rates will continue to increase until the next actuarial reports are completed. Pension expense for the year is included in benefits in Schedule 5.

	SHEPP	2015 PEPP	Total	2014 Total
Number of active members	59	680	739	715
Member contribution rate, percentage of salary	7.7% - 10%	7.25%		
Cancer Agency contribution rate, percentage of salary	8.62% - 11.2%	7.25%		
Member contributions (thousands of dollars)	323	3,318	3,641	3,437
Cancer Agency contributions (thousands of dollars)	362	3,363	3,725	3,520

Note - Active members are employees of the Cancer Agency, including those on leave of absence as of March 31, 2015. Inactive members are not reported by the Agency.

b) Accumulated Sick Leave Benefit Liability

The cost of the accrued benefit obligations related to sick leave entitlement earned by employees is actuarially determined using the projected benefit method prorated on service and management's best estimate of inflation, discount rate, employee demographics and sick leave usage of active employees. The Cancer Agency has completed an actuarial valuation as of March 31, 2015 with an estimated valuation to March 31, 2016. Key assumptions used as inputs into the actuarial calculation are as follows:

	2015	2014
Discount rate (per annum)	1.90%	2.50%
Percentage earnings increase (per annum)		
For ages 15 to 29	2.00%	2.00%
For ages 30 to 39	1.50%	1.50%
For ages 40 to 49	1.00%	1.00%
For ages 50 to 59	0.50%	0.50%
For ages 60 and over	0.00%	0.00%
Termination rates (sample rates)		
Age 20	0.119	0.119
Age 25	0.084	0.084
Age 30	0.056	0.056
Age 35	0.045	0.045
Age 40	0.035	0.035
Age 45	0.030	0.030
Age 50	0.025	0.025
Age 55	0.015	0.015
Age 60	0.010	0.010

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	2015	2014
Accrued benefit obligation, beginning of year	\$ 2,194,500	\$ 2,095,700
Cost for the year	405,800	405,500
Benefits paid during the year	(309,200)	(306,700)
Accrued benefit obligation, end of year	\$ 2,291,100	\$ 2,194,500

10. Related Party Transactions

These financial statements include transactions with related parties. The Cancer Agency is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The Cancer Agency is also related to non-Crown enterprises that the Government jointly controls or significantly influences.

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of transactions resulting from these transactions are included in the financial statements and the table below. Drugs and purchased hospital services acquired from related parties are recorded at rates agreed to by the related parties.

Other routine operating transactions with related parties are recorded at agreed upon rates charged by those organizations and are settled on normal trade terms.

	2015	2014
Expenses		
Regina Qu'Appelle Regional Health Authority	\$ 2,408,828	\$ 2,734,998
Saskatoon Regional Health Authority	4,230,465	4,555,483
Public Employees Pension Plan	3,362,689	3,174,887
3SHealth	2,131,639	1,997,676
Other related parties	5,220,865	3,920,809
Total related party expenses	<u>\$ 17,354,486</u>	<u>\$ 16,383,853</u>
Prepaid Expenses		
Other related parties	\$ 165,875	\$ 179,769
Total related party prepaid expenses	<u>\$ 165,875</u>	<u>\$ 179,769</u>
Accounts Payable		
Regina Qu'Appelle Regional Health Authority	\$ 437,699	\$ 262,673
Saskatoon Regional Health Authority	784,135	1,342,812
Other related parties	492,943	1,171,430
Total related party payable	<u>\$ 1,714,777</u>	<u>\$ 2,776,915</u>

In addition, the Cancer Agency pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

The building premises occupied by the Allan Blair Cancer Centre are leased from the Regina Qu'Appelle Regional Health Authority for \$1 per year, including a portion of occupancy costs. The Saskatoon Cancer Centre building owned by the Cancer Agency is situated on land owned by the University of Saskatchewan. The Cancer Agency is not charged for the use of this land.

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11. Financial Instruments**a) Significant Terms and Conditions**

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for other financial instruments are disclosed separately in these financial statements.

b) Financial Risk Management

The Board ensures that the Cancer Agency has identified its major risks and ensures that management monitors and controls them. The Board oversees the Cancer Agency's systems and practices of internal control and ensures that these controls contribute to the assessment and mitigation of risk.

The Cancer Agency has exposure to the following risk from its use of financial instruments: credit risk, market risk and liquidity risk.

c) Credit Risk

The Cancer Agency is exposed to credit risk from potential non-payment of accounts receivable. The majority of the Cancer Agency's receivables are from Saskatchewan Health – General Revenue Fund, other government organizations or suppliers with which the Cancer Agency has ongoing contractual relations. The Cancer Agency is also exposed to credit risk from cash, short-term investments and investments.

The carrying amount of financial assets represents the maximum credit exposure as follows:

	2015	2014
Cash and short-term investments	\$ 18,835,417	\$ 16,469,504
Accounts receivable		
Ministry of Health – General Revenue Fund	287,500	359,930
Other	3,013,949	3,188,212
Investments	5,852,096	7,343,264
	<u>\$ 27,988,962</u>	<u>\$ 27,360,910</u>

The Cancer Agency manages its credit risk surrounding cash and short-term investments by dealing solely with reputable banks and financial institutions and using an investment policy to guide their investment decisions. The Cancer Agency invests surplus funds to earn investment income with the objective of maintaining safety of principal and providing adequate liquidity to meet cash flow requirements.

d) Market Risk

Market risk is the risk that market prices, such as foreign exchange rates or interest rates, will affect the Cancer Agency's income or the value of its holdings of financial instruments. The objective of market risk management is to control market risk exposures within acceptable parameters while optimizing return on investment.

(i) Foreign exchange risk:

The Cancer Agency operates within Canada, but in the normal course of operations is party to transactions denominated in foreign currencies. Foreign exchange risk arises from transactions denominated in a currency other than the Canadian dollar, which is the functional currency of the Cancer Agency. The Cancer Agency believes that it is not subject to significant foreign exchange risk from its financial instruments.

(ii) Interest rate risk:

Interest rate risk is the risk that the fair value of future cash flows or a financial instrument will fluctuate because of changes in the market interest rates.

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Financial assets and financial liabilities with variable interest rates expose the Cancer Agency to cash flow interest rate risk. The Cancer Agency's investments include guaranteed investment certificates and long-term bonds bearing interest at coupon rates.

Although management monitors exposure to interest rate fluctuations, it does not employ any interest rate management policies to counteract interest rate fluctuations.

As of March 31, 2015, had prevailing interest rates increased or decreased by 1%, assuming a parallel shift in the yield curve, with all other variables held constant, the Cancer Agency's financial instruments would have decreased or increased by approximately \$279,890 (2014 - \$273,973), approximately 4.8% of the value of investments (2014 - 3.7%).

(iii) Liquidity risk:

Liquidity risk is the risk that the Cancer Agency will not be able to meet its financial obligations as they become due. The Cancer Agency manages liquidity risk by continually monitoring actual and forecasted cash flows from operations and from anticipated investing and financing activities.

At March 31, 2015, the Cancer Agency has a cash balance of \$18,835,417 (2014-\$16,469,504).

(iv) Fair value:

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
 - Accounts receivable
 - Accounts payable
 - Accrued salaries and vacation payable
- Cash and short-term investments are recorded at fair value as disclosed in Schedule 1, determined using quoted market prices.
- Long-term investments are recorded at par value plus or minus the amortization of premium or discount remaining in the life of the bond, as disclosed in Schedule 1.

Determination of fair value:

When the carrying amount of a financial instrument is the most reasonable approximation of fair value, reference to market quotations and estimation techniques is not required. The carrying values of cash and short-term investments, accounts receivable and accounts payable approximated their fair values due to the short-term maturity of these financial instruments.

12. Budget

Schedule 5 compares actual results to the 2014-15 budget plan approved by the Cancer Agency's Board of Directors on May 29, 2014.

13. Pay for Performance

As part of government-wide fiscal restraint measures, the pay for performance compensation plan has been suspended for the 2014-15 and 2015-16 fiscal years. This compensation plan was introduced in April 2011 and allowed senior employees to be eligible to earn lump sum performance adjustments of up to 110% of their base salary. In prior years, senior employees were paid 90% of current base salary and lump sum performance adjustments related to the previous year. Due to the suspension of the pay for performance compensation plan, senior employees will receive 100% of their base salary for 2014-15 and 2015-16.

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14. Collective Bargaining Agreement

The Saskatchewan Government and General Employees' Union (SGEU) contract expired March 31, 2014. Negotiations continue and an estimate of the settlement is not determinable at this time.

15. Accounting Changes

Effective April 1, 2014, the Cancer Agency adopted the new PS 3260 Liability for Contaminated Sites standard. This section establishes standards on how to account for and report a liability associated with the remediation of contaminated sites. Contaminated sites are a result of contamination being introduced into air, soil, water or sediment of chemical, organic or radioactive material or live organism that exceeds the maximum acceptable concentrations under an environmental standard. This standard only applies to operations that are no longer in productive use, or where an unexpected event occurs that has caused contamination. A liability for remediation of contaminated sites is recognized when all of the following criteria are met:

- an environmental standard exists
- contamination exceeds the environmental standard
- the Cancer Agency is directly responsible or accepts responsibility
- the Cancer Agency expects that future economic benefits will be given up
- a reasonable estimate of the amount can be made.

The adoption of the new PS 3260 standard has not resulted in any changes to the recognition or measurement of liabilities in the Cancer Agency's 2015 financial statements.

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Schedule 1

SASKATCHEWAN CANCER AGENCY
SCHEDULE OF INVESTMENTS
As at March 31, 2015

	Amortized Cost	Maturity Date	Effective Rate	Coupon Rate
Restricted Investments				
Cash and short-term investments:				
Royal Bank of Canada	\$ 16,605,022	---	0.85%	---
Long-term investments:				
Bank of Montreal GIC	500,000	10/23/2016	1.83%	1.83%
Province of Ontario Bond	502,716	03/08/2016	3.78%	4.40%
Royal Bank of Canada Bond	915,584	12/08/2016	1.39%	2.68%
Bank of Nova Scotia Bond	455,001	03/14/2019	1.99%	2.46%
Royal Bank of Canada Bond	476,380	01/11/2016	1.75%	3.36%
	<u>2,849,681</u>			
Total restricted investments	<u>\$ 19,454,703</u>			
Unrestricted Investments				
Cash and short-term investments:				
Royal Bank of Canada	\$ 2,230,395	---	0.85%	---
Long-term investments:				
Province of New Brunswick Bond	1,000,000	12/03/2015	4.42%	4.30%
Province of Saskatchewan Savings Bond	1,502,415	08/23/2016	4.42%	4.50%
Bank of Nova Scotia GIC	500,000	07/25/2016	2.20%	2.20%
	<u>3,002,415</u>			
Total unrestricted investments	<u>\$ 5,232,810</u>			
Restricted & Unrestricted Totals				
Total cash and short-term investments	\$ 18,835,417			
Total long-term investments	<u>5,852,096</u>			
Total Investments	<u><u>\$ 24,687,513</u></u>			

2014-15 Financial Statements

Schedule 2

**SASKATCHEWAN CANCER AGENCY
SCHEDULE OF EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2015**

Restriction	Balance Beginning of Year	Investment and Other Revenue	Expenses	Transfers & Other	Balance End of Year
Capital Fund	\$ 1,233,409	\$ 2,264,596	\$ (996,708)	\$ —	\$ 2,501,297
Research Fund	164,724	3,085	(756,207)	1,185,492	597,094
Trust Fund	4,712,622	1,191,816	(910,962)	(772,612)	4,220,864
Total	\$ 6,110,755	\$ 3,459,497	\$ (2,663,877)	\$ 412,880	\$ 7,319,255

Schedule 3

**SASKATCHEWAN CANCER AGENCY
SCHEDULE OF INTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2015**

Restriction	Balance Beginning of Year	Investment and Other Revenue	Expenses	Transfers & Other	Balance End of Year
Contingency Reserve ⁽¹⁾	\$ 8,600,113	\$ —	\$ —	\$ (6,300,685)	\$ 2,299,428
Capital Fund	5,036,023	—	(3,498,591)	6,700,000	8,237,432
Trust Fund	1,314,702	727,286	(500,692)	(130,937)	1,410,359
Total	\$ 14,950,838	\$ 727,286	\$ (3,999,283)	\$ 268,378	\$ 11,947,219

⁽¹⁾ The operating fund balance is considered part of the contingency reserve as it supports the working capital position of the Cancer Agency.

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Schedule 4

**SASKATCHEWAN CANCER AGENCY
SCHEDULE OF RESEARCH GRANTS
For the Year Ended March 31, 2015**

	2015	2014
Regulation of FRK Expression in Breast Cancer Cells and Tumours	100,000	100,000
A Novel Grafting Strategy to Construct Antibodies Targeting EGFR, HER2 & HER3 as Therapeutics for Triple Negative and HER2 Positive Breast Cancers	100,000	100,000
Regulation of PTEN in Breast Cancer Cells	100,000	-
Exploiting the Defective Genome of Cancer Cells by Synthetic Lethality	100,000	-
CFI Matching Funds for the project "High Throughput Molecular Imaging Platform"	100,000	-
Novel HER2-specific T Cell-Based Vaccine Expressing Potent Th Epitope P30 for Enhanced Therapeutic Immunity Against Trastuzumab-Resistant HER2-positive Breast Cancer	99,737	-
Mini Beam Radiation Treatment of Brain Tumour with High Energy Photons using Linear Accelerator	99,537	69,556
Novel T Cell-Based Vaccine Stimulates CTL Responses in Double Transgenic HER-2/HLA- A2 Mice and Eradicates Trastuzumab Breast Cancer in Athymic Nude Mice	45,000	-
The Development and Application of Novel Detector Technologies in Small Field, Stereotactic Radiosurgery and Stereotactic Body Radiotherapy Dosimetry	6,882	7,225
Outcome in Elderly Patients with Glioblastoma Multiforme	4,440	-
Treatment of Human Glioblastoma Multiforme (GBM) Xenografts with Direct Intra-Tumour Delivery of Targeted Anti-YB-1 Therapy using Cell Permeable Peptide (CPP) versus Liposomal Doxorubicin, alone or in combination with Collimated Microbeam Radiation	611	20,446
Trafficking of EGFR/ErbB2 Receptors in Breast Cancer Cells	-	100,000
Adoptive TNF - a Transgene-engineered CD8+ T cell Therapy of Trastuzumab-resistant HER-2/Neu-positive Breast Cancer	-	99,456
HER2/HLA-A2 Mice and Eradicates Trastuzumab Breast Cancer in Athymic Nude Mice	-	45,000
Regulation of EGFR Signalling and Trafficking by p85 in Breast Cancer	-	40,000
Total Grants	\$ 756,207	\$ 581,683
Breakdown		
Operating expense	\$ 756,207	\$ 581,683
Capital expenditures	-	-
	\$ 756,207	\$ 581,683

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Schedule 5

**SASKATCHEWAN CANCER AGENCY
COMPARISON OF ACTUAL TO BUDGET
For the Year Ended March 31, 2015**

	Operating Fund		Restricted Funds					
	Actual	Budget (Note 12)	Capital Fund		Research Fund		Trust Fund	
			Actual	Budget (Note 12)	Actual	Budget (Note 12)	Actual	Budget (Note 12)
REVENUES								
Ministry of Health - General Revenue Fund	\$ 154,365,044	\$ 157,120,609						
Grants	795,440	670,000					1,838,825	1,561,700
Investment income	224,964	240,000			3,085	1,000	80,277	94,500
Other revenues	2,613,164	2,297,143						
	<u>157,998,612</u>	<u>160,327,752</u>			<u>3,085</u>	<u>1,000</u>	<u>1,919,102</u>	<u>1,656,200</u>
EXPENSES								
Salaries and employee benefits	80,538,629	81,595,133					154,795	433,959
Drugs and medical supplies	57,877,572	59,226,924					1,256,859	1,101,280
Purchased services	2,133,030	2,782,943						
Other expenses	16,550,066	16,722,752			756,207	685,492		
	<u>157,099,297</u>	<u>160,327,752</u>						
Excess of revenues over expenses	899,315	---					507,448	120,961
Interfund transfers (Note 8)	(7,200,000)	---			(753,122)	(684,492)	(903,549)	(1,550,492)
Net increase (decrease) in fund balance	<u>\$ (6,300,685)</u>	<u>\$ ---</u>						
Capital Fund								
Ministry of Health	\$ 1,955,000	\$ 1,955,000						
Donations and bequests	---	---						
Investment income	147,937	175,000						
Other revenues	161,660	---						
	<u>2,264,597</u>	<u>2,130,000</u>						
Research Fund								
Salaries and employee benefits	---	---						
Other expenses	---	---						
Research grants (Schedule 4)	---	---			756,207	685,492		
Depreciation	4,450,389	4,600,000						
Loss/(gain) on disposal of capital assets	35,493	---						
	<u>4,485,882</u>	<u>4,600,000</u>			<u>756,207</u>	<u>685,492</u>	<u>1,411,654</u>	<u>1,535,239</u>
Excess (deficiency) of revenues over expenses	(2,221,285)	(2,470,000)						
Interfund transfers (Note 8)	6,918,057	865,000			1,185,492	685,492		
Net increase (decrease) in fund balances	<u>\$ 4,696,772</u>	<u>\$ (1,605,000)</u>			<u>\$ 432,370</u>	<u>\$ 1,000</u>	<u>\$ (396,101)</u>	<u>\$ (1,429,531)</u>

2014-15 Financial Statements

Schedule 6

SASKATCHEWAN CANCER AGENCY
CONSOLIDATED SCHEDULES OFBOARD MEMBER REMUNERATION
For the Year Ended March 31, 2015

Board Members	2015						2014
	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	Total ⁽¹⁾	Total
Board Chair:							
McMillan, Dr. Stewart ⁽²⁾	\$ 4,170	\$ 4,936	\$ 229	\$ 440	\$ -	\$ 9,777	\$ 48,494
Waschuk, Ronald ⁽³⁾	6,640	5,863	6,188	10,250	-	28,941	17,020
Board Members:							
Crofts, Howard ⁽⁴⁾	-	3,150	250	1,001	-	4,401	5,189
Finnie, Doug	-	2,325	400	1,465	-	4,190	12,040
Lumberjack, Marlene ⁽⁴⁾	-	1,513	900	3,437	-	5,850	3,443
Night, Velma ⁽⁴⁾	-	2,088	1,500	4,421	-	8,009	11,612
Streelasky, Dr. Walter	-	1,550	1,150	2,918	-	5,618	6,148
Ravis, Don ⁽⁴⁾	-	1,463	125	617	-	2,205	-
Ahmed, Zeba ⁽⁴⁾	-	1,000	-	527	-	1,527	-
Total	\$ 10,810	\$ 23,890	\$ 10,742	\$ 25,076	\$ -	\$ 70,518	\$ 103,946

(1) Board Member remuneration will fluctuate from member to member based on the number of meetings and conferences that they attend. The level of remuneration per member will also be affected by the location of these events, as members are resident in various areas throughout the province.

(2) Board Member resigned effective May 31, 2014.

(3) Board Member appointed interim Board Chair effective June 1, 2014 and appointed official Board Chair effective September 18, 2014.

(4) Board Members appointed effective February 7, 2013.

(5) Board Members appointed effective September 18, 2014.

SENIOR MANAGEMENT REMUNERATION, BENEFITS, ALLOWANCES AND SEVERANCE
For the Year Ended March 31, 2015

Senior Employees	2015					2014		
	Salaries ⁽¹⁾	Benefits and Allowances ⁽²⁾	Sub-total	Severance Amount	Total	Salaries, Benefits and Allowances ^(1,2)	Severance	Total
Scott Livingstone, Chief Executive Officer	\$ 304,429	\$ 8,000	\$ 312,429	\$ -	\$ 312,429	\$ 288,325	\$ -	\$ 288,325
Dr. Monica Behl, Senior Medical Officer	484,677	-	484,677	-	484,677	481,069	-	481,069
Susan Bazylewski, Vice-President, Care Services	228,110	-	228,110	-	228,110	199,900	-	199,900
Dr. Jon Tonita, VP, Population Health, Quality and Research	214,199	-	214,199	-	214,199	184,337	-	184,337
Michele Arscott, Chief Financial Officer and VP Corporate Services	198,624	-	198,624	-	198,624	172,594	-	172,594
Reg Padbury, Director, Human Resources	175,436	-	175,436	-	175,436	156,067	-	156,067
Directors no longer in executive leadership team	-	-	-	-	-	460,774	-	460,774
Total	\$ 1,605,475	\$ 8,000	\$ 1,613,475	\$ -	\$ 1,613,475	\$ 1,943,066	\$ -	\$ 1,943,066

(1) Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, merit or performance pay, lumpsum payments and any other direct cash remuneration. The pay for performance plan was suspended for the 2014-15 and 2015-16 fiscal years. Due to the suspension of the program, senior employees received 100% of their base salary for 2014-15, plus adjustments paid out during 2014-15 for pay for performance amounts earned for 2013-14.

(2) Benefits and allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable professional development, education for personal interest, non-accountable relocation benefits, personal use of an automobile, cell phone, computer, etc., as well as any other taxable benefits.

Payee Disclosure List

For the year ended March 31, 2015

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc., which total \$50,000 or more.

Dr. Tahir Abbas, Medical Professional Corporation	\$ 448,340	Boehm, Darryl	117,663
Abbs-West, Jenelle	67,455	Bonham, Keith	145,265
Adams, Krista	99,195	Bonnell, Gabriel	63,315
Ahmad, Nazir	230,283	Dr. Mark Bosch, Medical Professional Corporation Inc.	394,659
Ahmed, Raheel	56,945	Bradel, Theresa	220,317
Ahmed, Aisha	201,788	Brecht, Ron	99,584
A. Ahmed, Medical Professional Corporation	39,098	Briggs, Sheri	97,056
Ahmed, Shahid	420,225	Brockman, Rhonda	76,695
Aird, Marcie	113,512	Brolley, Chandra	54,578
Alexander, Andrew	131,428	Brose, Kelsey	424,014
Ali, S Kaiser	473,376	Brown, Shardelle	82,647
Allen, Joanne	85,711	Brown, Tanya	162,643
Almasi, Karen	80,722	Dr. Tanya Brown, Medical Professional Corporation	267,237
Alvi, Riaz	120,664	Browne, Kara	58,988
Dr. A. Amjad, Medical Professional Corporation	453,986	Brunet, Bryan	418,607
Anderson, Deborah	170,052	Bruse, Lydia	72,792
Andreas, J. Joe	87,831	Budz, Denise	134,926
Arnold, Florence	420,225	Bulych, Deborah	125,264
Arscott, Michele	198,624	Bunko, Ada	87,586
Ash, Sheila	60,939	Burks, Amber	52,800
Aslam, Muhammad	108,692	Cadman, Patrick	51,923
Dr. Muhammad Aslam, Medical Professional Corporation	133,986	Campbell, Lorna	86,063
Aspen, Rebecca	101,886	Carmichael, Karen	50,221
Auditor, Ericka	76,456	Casavant, Corrine	56,104
Baisley, Julie-Ann	87,087	Cattet, Heather	87,803
Baker, Sara	54,093	Caza, Alison	51,977
Ball, Sarah	50,459	Chalchal, Haji	430,974
Barilla, Tammy	51,938	Choquette, Heather	102,995
Barnardo, Christopher	85,521	Christenson, Kendra	81,463
Basler, Courtney	83,473	Clayton, Kimberly	86,592
Bazylewski, Susan	228,110	Code, Jillian	51,788
Beckett, Craig	187,823	Cole, Scott	71,353
Behl, Monica	484,677	Colleaux, Dena	86,461
Belitski, Renee	134,926	Conklin, Sheldon	62,622
Belous, Janice	86,176	Cook, Darcy	86,774
Bernauer, Sandra	65,180	Cook, Kristan	93,602
Berzolla, Wayne	89,135	Coronado, Andrea	76,225
Bhowmik, Debashish	59,147	Cosgrove, Eileen	80,581
Bichon, Carol	84,702	Coulter, Sheila	105,922
Bilash, Tara	75,708	Cowan, Sarah	83,932
Blachford, Patti	71,969	Crane, Amanda	51,556
Black, Megan	86,360	Cranmer-Sargison, Gavin	153,606
Blackwell, Maitland	86,256	Crerar Koshuba, Robin	82,098
Blazeiko, Jonathan	80,060	Crewson, Cody	74,644
Bleile, Lana	86,063	Crittenden, Justine	78,867
Bodnar, Carina	53,440	Cross, Deborah	54,354
Boehm, Deborah	58,402	Dacey Dudey, Christine	56,062

Dallorto, Suzanne	92,775	Footle, Bertha	84,065
Danyluk, Patricia	106,229	Forreiter, Dorothy	85,711
Davies, Laci	58,934	Foster, Kimberly	86,389
Davies, Martie	77,951	Fox, Pauline	85,688
Davis, Karen	101,446	Frank, Tracy	85,814
Dawes, Jennifer	56,310	Friesen, Kristyn	66,875
Deane, Mary	84,060	Fuessel, Jennifer	70,680
Demorest, Regan	50,981	Galloway, Laurie	102,323
Deng, Peng	87,390	Gantefer, Allison	77,032
Derrick, Peter	88,691	Gardiner, Donald	420,011
Desautels, Dayna	67,349	Garratt, Kevin	98,582
Deschamps, Michelle	99,365	Gartner, Helen	80,778
Deters, Tim	93,229	Gawley, Barbara	64,779
Dewald, Carmen	58,851	Gebauer, Jillian	103,300
Dockray, Leanne	69,161	George, Janet	83,282
Doell, Heather	97,664	George, Theresa	82,330
Dolata, Wojciech	431,180	Gerber, Laurie	86,010
Donnelly, Lauren	73,066	Gerein, Brenda	88,634
Douglas, Leona	76,754	Gervais, Amanda	82,979
Dozorec, Tamara	50,571	Geszy, Kathy	132,986
Dubey, Arbind	91,846	Glasman, Wilhelmina	61,881
Duchscher, Dana	76,357	Glenister, Shannon	83,326
Dumais, Karla	78,071	Glover, Frances	61,215
Dupont, Kimberley	70,614	Good, Carlene	88,470
Dwernychuk, Lynn	107,214	Goodman Chartier, Sandra	75,860
Dyczkowski, Theresa	83,681	Goodyear, Genny	69,118
Edmunds, Laurie	75,709	Goubran-Messih, Hadi	441,246
Edwards, Trent	90,747	Gray-Lozinski, Denise	68,553
Efthimiou, Karen	89,419	Greuel, Morna	65,803
El-Gayed, Ali	468,435	Grubor, Sasa	80,600
Eling, Christina	51,840	Gulka, Sandy	75,947
El-Sayed, Assem	323,993	Haider, Kamal-Uddin	420,225
Emara, Mohamed	233,776	Hala, Karen	73,025
English, Azure	98,988	Hammond, Amber	61,546
Englot, Tekla	50,799	Hancock, Jennifer	73,842
Enyoma, Adaobi	69,164	Haney, James	136,498
Erickson, Heather	83,714	Hannah, Tami	69,164
Esmail, Lina	70,488	Haq, M. Mansoor	469,208
Estillore, Leizi	68,566	Hastings, James	83,036
Farrow, Delee	75,709	Hautz, Jo-Anne	87,582
Farthing, Merle	51,129	Havervold, Bradley	118,996
Fay, April	85,960	Hawryluk, Wanda	51,301
Fehr, Kim	57,719	Hegyi, Brandi	59,837
Ferguson, Michelle	330,722	Heinrich, Arlene	81,400
Ferozdin, Sajjad	64,822	Hepting, Jaclyn	83,856
Fiddler, Kerri	85,688	Hiscock, Joelene	85,359
Field, Susan	85,919	Hnenny, Vera	99,639
Fiessel, Wanda	85,016	Ho, Jenny	54,765
Filipchuk, Monica	77,519	Hobson, Raelene	82,108
Fisher, Jennifer	76,085	Hodgins, Debra	98,505
Fisher, Michelle	147,938	Holmberg, Sarah	56,035
Fleck, Karyn	74,935	Holzappel, Edith	92,429
Florizone, Jackie	61,834	Horan, Carlene	54,354
Flowers, Barbara	98,008	Hordos, Janelle	87,753
Fong, Yvonne	98,975	Houshmand, Shauna	69,619
Foord, Christel	56,761	Huebert, Karen	57,124

Ingenthron, Nicole	68,389	MacDonald, Colin	83,564
Iqbal, Mussawar	240,931	MacEdward, Kathy	90,611
Dr. Nayyer Iqbal, Medical Professional Corporation	492,886	MacKay, Rebecca	235,199
Ismail, Waleed Sabry	425,343	Dr. Rebecca MacKay, Medical Professional Corporation	196,061
Jackson, Rose	60,689	Mackenzie, Deanna	74,149
Jameson, Brenda	149,814	Magosse, Matt	82,929
Jancewicz, Miroslav	431,180	Mah Vuong, Pearl	66,572
Janzen, Tracie	76,328	Mahmood, Shazia	458,605
Jones, Shannon	73,877	Mann, Mary Ellen	86,264
Judd, Alison	64,474	Martin, Stacy	64,763
Kaban, Susan	71,404	Martinson, Alexandra	98,386
Kakumanu, Ankineedu	264,167	McAllister, Gordon	230,283
Kaminski, Doug	79,783	McDougall, Christine	82,025
Keffer, Melodie	60,939	McDougall, Cheryl	85,477
Kennedy, Carol	51,470	McEwen, Denise	61,375
Kennedy, Donna	71,939	McEwen, Kirstin	69,027
Kerviche, Annette	50,962	McGinn, Stephanie	70,401
Keuler, Lisa	82,777	McGregor, Cherith	74,719
Kindrachuk, Marg	65,544	McKay, Courtney	76,020
King, Jenna	61,763	McKenzie, Jennifer	90,198
Kish, Donna	88,930	McLean, Jessica	87,401
Kolbinson, Janice	98,818	McVicar, Laurie	83,406
Kolosnjaji, Aleksander	92,637	Mehmood, Asif	57,435
Kondra, Erica	87,024	Melemary, Medical Professional Corporation	458,268
Koo, Kellen	50,580	Mensch, Jackie	94,954
Korec, Lisa	92,638	Milligan, Laurey	75,012
Kosloski, Judy	57,275	Mohamed, Mohamed	419,566
Kovacs, Cindy	75,469	Molde, Kelli	79,507
Kowbel, Beverly	113,599	Monteith, Jennifer	50,660
Kozie, Serena	75,099	Dr. O. Moodley, Medical Professional Corporation	455,775
Krakalovich, Helena	81,940	Morris, Joan	93,183
Kreis, Carrie	50,788	Dr. C. Mpofu Professional Corporation	528,192
Kroeker, Dana	90,175	Muz, Lori	85,416
Kruger, Lana	91,295	Narasimhan, Gopinath	82,308
Kundapur, Vijayananda	477,210	Neufeld, Rebekah	67,373
Kuyek, Sherry	84,790	Neufeld, Leah	92,508
Lacey, Jill	98,287	Newcomb, Chris	152,254
Lacey, Kevin	176,208	Newton, Lisa	59,166
Lamontagne, Nicole	60,716	Nicholson, Kara	98,211
Langston, Danielle	95,188	Nickel, Sharon	87,781
Lauridsen, Debra	60,895	Nilson, Linda	191,182
Le, Jane	87,479	Nistor, Gail	60,939
Le, Duc	411,547	Nygaard, Tracy	54,989
Legare, Angela	86,605	Olesen, Natasha	83,239
Leong, Nelson	68,195	Olson, Colleen	104,658
Lewis, Margaret	120,493	Othman, Ibraheem	411,534
Li, Allen	83,281	Padbury, Kristen	80,040
Livingstone, Scott	312,429	Padbury, Reg	175,436
Lobzun, Kevin	88,472	Padia, Jignesh	92,829
Logan, Rebecca	97,826	Park-Somers, Eileen	50,545
Lulik, Deborah	55,180	Patel, Niles	100,720
Luterbach, Sharon	84,914	Patterson, Janet	86,715
Ly, Ketsia	81,569	Pearce, Laurie	68,058
Lyons, Barry	116,533	Pearson, Derek	391,089
MacDonald, Wanda	60,939	Pegg, Jessica	75,029
MacDonald, Janice	64,601	Pekar, Julius	118,866

Pelletier, Devon	83,913	Siriban, Joseph Andrian	59,292
Penley, Robert	92,774	Smetaniuk, James	76,331
Perry, Annamae	92,290	Smikle, Shelly-An	51,412
Perry, Chantal	89,231	Smith, Lauralee	60,949
Pettigrew, Deanne	56,279	Smith, Jocelyne	93,902
Phillips, Zoe	74,000	Sollid, David	100,123
Phillips, Leah	100,881	Sorsdahl, Lisa	76,159
Piercy, Bonnie	64,763	Souriyavong, Viravong	65,151
Pierlot, Joan	96,891	Dr. Julie Stakiw, Medical Professional Corporation	473,510
Piper, Jaimie	92,514	Starosta, Joann	84,619
Pituley, Harriette	105,234	Steinson, Sharon	50,096
Pollock, Lenore	102,064	Stewart, Elaine	55,324
Power, Katrina	80,399	Strautman, Cheryl	76,469
Procyk, Bernadett	60,907	Strawson, Chantal	85,134
Prodaehl, Coralee	63,650	Stroshein, Irene	56,587
Pryor, Rick	81,071	Struck, Karly	50,644
Qureshi, Kahekashan	287,352	Strugari, Brittany	70,096
Rayson, Sandra	175,728	Struzycki, Kyle	61,002
Reichert, Brian	97,455	Stuart-Panko, Heather	107,214
Richard, Maeghan	60,039	Stuckel, Renee	79,506
Ripplinger, Yvonne	60,207	Dr. Derek Suderman, Medical Professional Corporation	357,359
Robb, Karen	67,450	Switzer, Landon	78,988
Robertson, Nicole	65,882	Tai, Patricia	425,500
Robertson, Kathy	86,878	Taylor, D. Arron	92,503
Robson, Laura	56,116	Templeton, Wendie	78,925
Rosenkranz, Kelsey	65,940	Tenezaca, Raquel	54,123
Roszell, Donald	102,982	Thain, Carol	104,824
Roth, Vanessa	71,812	Thiesson, C. Scot	89,115
Russell, Nancy	59,747	Thompson, Cheryl	93,229
Russell, Elaine	85,223	Thurber, Colleen	70,868
Ryan, Susan	58,439	Tiefenbach, Paula	53,048
Sadikov, Evgeny	336,106	Tinline, Paula	85,768
Dr. Evgeny Sadikov, Medical Professional Corporation	444,909	Tonita, Jon	214,199
Dr. Muhammad Salim, Medical Professional Corporation	492,503	Toon, Brenda	84,462
Sami, Amer	420,225	Torri, Vamsee	431,180
Sandhu, Gurpreet	113,696	Tralnberg, Sandra	90,865
Sapieha, Shannon	72,628	Trecker, Molly	77,436
Sarker, Sabuj	80,472	Treppel, Diane	93,229
Schiltz, Colette	69,205	Tu, Deluan	60,825
Schlichemeyer, Darlene	50,422	Turley, Dominic	92,383
Schmidt, L. Marlene	80,932	Tyndall, Joanne	91,575
Schmidt, Bruce	96,872	Ulrich, Sherrill	61,099
Schondelmier, Rhonda	54,778	Usher, Barbara	76,020
Schulz, Marcia	54,354	Dr. Hareesh Vachhrajani, Medical Professional Corporation	484,664
Schumann, Irmgard	86,201	Vandenameele, Angela	60,542
Schwartz, Lyndon	98,199	Vandenbergh, Jennifer	51,862
Sebastian, Shauna	88,280	Van-Gemeran, Jacquelin	87,032
Selch, Taralyn	72,902	Venekamp, Jason	79,193
Senft, Beverley	86,496	Venugopal, Niranjan	129,289
Shaw, Judy	78,736	Villeneuve, Carissa	82,118
Shewchuk, Chelsey	91,143	Vizeacoumar, Franco	96,592
Shinkewski, Patty	69,669	Wacker, Steven	96,988
Shuffita, Laureen	55,911	Wall, Alana	73,150
Shular, Brenda	94,945	Wallace, James	90,465
Sigurdson, Jo Anne	97,060	Ward, Kathy	51,932
Sirdar, John	87,952	Warren, Joyce	95,547

Wasylenchuk, Gladys	141,038
Watson, Pauline	62,306
Weigel, Tamara	91,598
Weinrich, Ian	75,932
Weir, Linda	116,391
Wenaus, Cori	82,915
Wendel, Jeana	116,089
Weppler, Richard	56,720
Weslowski, Lindsay	61,435
Westad, Anne	87,270
Whiting, Cheryl	120,687
Whittle, Alison	100,477
Wiens, Stacey	74,796
Wilde, Brenda	99,195
Wilson, Marlo	56,684
Wilson, Khristine	60,732
Wlodarczyk, Lauren	81,591
Woitak, Carla	54,578
Wood, Valerie	89,062
Woodrow, Nicole	85,822
Woodward, Joanne	80,239
Wright, Philip	422,864
Wyant, Peter	92,476
Xiang, Jim	158,745
Yadav, Sunil	420,225
Yarotski, Barbara	56,249
Young, Jana	85,327
Youssef, Hanaa	53,650
Yuzik, Patricia	96,492
Zaba, Donna	84,830
Zahayko, Michelle	62,716
Dr. A. Zaidi, Medical Professional Corporation	436,523
Zarkovic, Mirjana	431,180
Zatylny, Paula	70,157
Zerff, Terry Lynn	59,702
Zhu, Tong	82,986
Ziegler, William	160,378
Zimmer, Natasha	97,233

Payee Disclosure List

For the year ended March 31, 2015

Supplier Payments

Listed are payees who received \$50,000 or more for the provision of goods and services, including office supplies, communications, contracts, and equipment.

3sHealth	\$ 414,725	Dr. Kevin Ledding Medical Professional Corporation Inc.	109,350
Abbvie Corporation	2,536,451	Lydale Construction (1983) Co. Ltd.	143,494
Adienne Pharma & Biotech	84,210	Macpherson, Leslie & Tyerman	117,702
Alberta Health Services	242,414	Macquarie Equipment Finance Ltd.	212,889
Associated Radiologists - Saskatoon	290,088	Mallinckrodt Canada ULC	64,616
Avison Young	68,445	Marsh Canada Limited	104,312
Baxter Corporation	612,000	Dr. A. Paul Masiowski Medical Professional Corporation	77,450
Bayer Inc.	153,044	McKesson Canada	10,328,120
Beckman Coulter Canada LP	86,395	McKesson Distribution Partners	4,450,575
Becton Dickinson Canada Inc.	105,400	Merck Canada Inc.	492,890
Biomed Recovery & Disposal	78,020	Merit Building Cleaning	52,119
Black and McDonald	89,709	Metis Nation of Saskatchewan Secretariat	55,236
HBI Office Plus Inc.	348,921	Minister of Finance	139,483
Bristol-Myers Squibb Canada	2,282,601	Minister of Finance-Central Services	295,096
BTS Group Inc.	52,398	MPATH Engagement Inc.	70,000
Canadian Blood Services	305,398	NewWest Enterprise Property Group (Sask) Inc.	147,267
Canadian Medical Protective Association	140,156	North Pasqua Developers	122,469
Canadian Pharmaceutical Distribution Network	30,455,768	Novartis Pharma Canada Inc.	6,854,306
Cancercare Manitoba	127,696	Otis Canada Inc.	138,290
Card, Dr. Robert T.	131,920	Otsuka Canada Pharmaceutique	111,090
CDR Systems Inc.	85,496	Paradigm Consulting Group Inc.	218,485
Celgene Inc.	4,180,078	Philips Healthcare	51,178
Chitronics	111,869	Population Health Unit c/o Mamawetan Churchill River Health Region	73,500
City of Saskatoon	55,795	Prairie North Health Region	64,146
College of Physicians & Surgeons of Saskatchewan	68,400	Prairie Advertising Direct Mail Specialists	1,497,529
Colliers McClocklin Real Estate Corp.	621,338	Prince Albert Parkland Health Region	219,396
Commercial Building Service	51,974	Provincial Health Services Authority	104,189
Covidien	88,473	Radiology Associates of Regina	539,970
Crown Enterprises Ltd.	61,195	Rawico Radio	63,777
CXtec	70,981	RBM Architecture	128,863
Derby Holdings Ltd.	106,764	Regina Qu'Appelle Health Region	2,408,828
Diners Club	130,386	Richardson Duffy Holdings	67,276
Donaldson Marphil Medical Inc.	169,976	Royal Bank Visa - Payment Centre	251,119
Ebsco Canada Ltd.	68,091	Sask Energy	52,552
eHealth Saskatchewan	234,778	Sask Govt Employees Union	964,309
Eisai Limited	133,940	Sask Power	72,119
Elekta Canada Inc.	410,820	Saskatchewan Registered Nurses Association	61,564
Elite Information Systems & Consulting Inc.	263,440	Saskatoon Health Region	4,230,465
Fastprint Saskatoon	82,357	Sask Telecommunications/Sask Tel Mobility	446,490
Ferring Inc.	289,080	Schaan Healthcare Products Inc.	156,646
Five Hills Health Region	66,281	SDM Specialty Health Network Inc.	81,900
FSIN	102,862	Sheraton Cavalier Saskatoon	59,827
Generic Medical Partners	74,277	Dr. David Sheridan, Medical Services, Professional Corporation	291,640
Genomic Health Inc.	388,275	Siemens Canada Limited	132,363
GMD Distribution Inc.	403,088	Sigma-Tau Pharmaceuticals, Inc.	361,332
Grand & Toy Office Products	163,792	Smiths Medical Canada Ltd.	65,283
Great-West Life Assurance Co.	330,457	Somagen Diagnostics Inc.	566,896
Greenlee Construction	107,761	South Pasqua Development	218,256
Harbour Landing Business Park Ltd.	2,705,945	Stevens Company Limited	391,155
Heritage Pharmaceuticals Inc.	192,233	Sunrise Health Region	74,982
Hoffmann-La Roche Ltd.	104,000	TranZeal Consulting	91,954
Hospira Healthcare Corporation	359,678	University of Saskatchewan	1,545,171
Innovative OncoSolutions Inc.	287,805	Varian Medical Systems	1,494,939
Innomar Strategies	135,931	VCM Construction Ltd.	99,800
Insight Canada	215,083	Venkatesh, Jaya	196,977
Inverness Consulting	260,191	VP Mechanical	105,245
Karl Storz Endoscopy Canada Lt	96,774	WBM Office Systems	108,173
K-BRO Linen Systems Inc.	77,129	West Wind Aviation Ltd Partnership	103,696
Lawlor, Dr. B.	77,660	Xerox Canada Ltd.	58,288
LEADcoach Canada Inc.	317,228	ZW Project Management Inc.	67,775

Payee Disclosure List

Transfers

Listed are transfers to recipients who received \$50,000 or more.

University of Saskatchewan - Saskatchewan Alliance for Youth & Community Well-being	\$	350,000
University of Saskatchewan - Advanced Diagnostics Research Lab		411,000

Other Expenditures

Listed are payees who received \$50,000 or more for expenditures not included in the previous categories..

Public Employees Disability Income Fund - employer's share	\$	267,762
Public Employees Pension Plan - employer's share		3,362,690
Receiver General for Canada :		
- Canada Pension Plan - employer's share		1,577,905
- Employment Insurance - employer's share		790,907
3S Health - Core Dental Plan		430,033
3S Health - Extended Health Care Plans		226,363
3S Health - In-Scope Health & Dental		1,060,518
Saskatchewan Healthcare Employee's Pension Plan - employer's share		361,459
Workers' Compensation Board		551,862

Contact Us



The Saskatchewan Cancer Agency operates prevention and early detection programs, conducts innovative research and provides safe, patient and family-centred care at our two cancer centres. To watch a video that showcases our work, visit www.saskcancer.ca/excellence.

Saskatchewan Cancer Agency General Reception: 639-625-2010

Allan Blair Cancer Centre (Regina): 306-766-2213

Regina Cancer Patient Lodge: 306-359-3166

Saskatoon Cancer Centre: 306-655-2662

Saskatoon Cancer Patient Lodge: 306-242-4852

Screening Program for Breast Cancer: 1-855-584-8228

Screening Program for Colorectal Cancer: 1-855-292-2202

Prevention Program for Cervical Cancer: 1-800-667-0017

Quality of Care Coordinator (client representative): toll-free in Canada
1-866-577-6489; qcc@saskcancer.ca

Donations: 639-625-2012; donate@saskcancer.ca; www.saskcancer.ca/donate

Visit our website: www.saskcancer.ca

Saskatchewan Cancer Agency

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